



Community Service Association, Inc.

EXHIBIT "B"  
TO  
POLICY RESOLUTIONS #6

FORM B: APPLICATION FOR CHANGE

Please mail to:

Covenants Committee  
Bluemont Lakes Community Service Association  
P.O. Box 9111  
Fargo, ND 58106-9111

I. APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Owner's Name (if other than applicant): \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

II. CHANGES

Description of changes desired. Please be as complete as possible; give full details of purpose and/or reason, type of material to be used, and location. Use additional sheets of paper if necessary.

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(over)

INSTRUCTIONS:

- A. Prepare a sketch or written descriptions of the proposed improvement or change in detail so that the Committee may make a decision.
- B. All proposed improvements must meet local building and zoning codes. Application for local building permits is the owner's responsibility.

III. NOTES

- A. The undersigned understands and agrees that no work on this request will begin until written approval of the Covenants Committee has been received.
- B. The undersigned has read and understood the applicable provisions of the Governing Documents and Policy Resolution #6 in regard to property changes.

OWNER'S SIGNATURE(S): \_\_\_\_\_

DATE: \_\_\_\_\_

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FOR ASSOCIATION USE ONLY

Date Received: \_\_\_\_\_

Approved

Disapproved

Signature

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Stipulations and Conditions:

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