COVE POINTE HOMEOWNERS ASSOCIATION, INC.

PROJECT REVIEW

APPROVAL/DISAPPROVAL

Name of Owner(s):		
Date project was complete	d:	
Board Disposition of Applic	ation: Approved: Disappro	oved: Other:
Reason(s) for Disapproval c	r Other:	
	Committee Chairman:	
Signature:	Date:	
Print Name:		
	President:	
Signature:	Date:	
Print Name:		
NOTE: If approved, work m	ust be completed no later than:	Date: