



THIS FORM TO BE USED WHEN REQUESTING AN EXTERIOR/INTERIOR CHANGE

REQUEST FOR REVIEW FOR ARCHITECTURAL MODIFICATION

NAME OF COMMUNITY: _____
OWNER NAME: _____ UNIT #: _____
FULL ADDRESS: _____
PHONE: (____) _____ - _____ E-MAIL: _____@_____._____

Approval is hereby requested to make the following modification(s), alteration(s) as described and depicted below, or on additional attached pages as necessary. Please include such details as the dimensions, materials, color, design, location and any other pertinent data. **ATTACH COPY OF SURVEY WITH ANY CHANGES NOTED.** Please also include / attach the following:

- | | |
|--|---|
| <input type="checkbox"/> FULL VENDOR INFO: Legal Name, Address, Tel# | <input type="checkbox"/> Range of Dates of Service |
| <input type="checkbox"/> CURRENT/VALID License & Insurance | <input type="checkbox"/> Copy of Plans (if applicable) |
| <input type="checkbox"/> Scope of Work | <input type="checkbox"/> Samples of Materials to be Used ie. Cork, Tiles, underlayment, etc. |

I understand and will comply to:

1. That if the modification is not completed as approved, said approval can be revoked and the modification will be required to be removed by the owner at the owner's expense.
2. That I am responsible to pay for and repair any and all damage done to the common areas as a result of the installation.
3. To comply with the State, County, or City building codes, and to obtain all necessary permits if applicable.
4. To abide by the decision of the Architectural Control Committee or the Board of Directors.
5. That if the modification is not approved or does not comply, I/we may be subject to court action by the Association and that I/we shall be responsible for all reasonable attorney's fees.

Owner Print: _____ Owner Sign: _____ Date: ___/___/20__

| | |
|---|---------------------------------|
| FOR OFFICE USE ONLY | |
| DATE RECEIVED: ___/___/20__ | |
| FINAL STATUS: <input type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED |
| REASON FOR DENIAL _____ | |
| IF DENIED: NEXT STEP FOR APPEAL: _____ | |
| Print: _____ | Sign: _____ Date: ___/___/20__ |