



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:

- FULL VENDOR INFO: Legal Name, Address, Tel#
- CURRENT/VALID License & Insurance
- Scope of Work
- Range of Dates of Service
- Copy of Plans (if applicable)

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__	