

Condominium Association, Inc.

ARCHITECTURAL MODIFICATION REQUEST FORM

This document will become part of the Owner's contract and all succeeding owners must comply with this change.

I, do hereby request permission to make the following modification to my Unit at _____

Phone: (home) (work) Email:

DESCRIPTION OF REQUE	ST:
Attach the following as applicable: - Complete description (photos/drawings) as to construction design, materials (types & sizes), and color/finish. - Floor Plan, Elevation, Section Drawing (i.e. footings).	
 That applicable county permits That I assume total responsible acknowledge that obtaining its That the modification(s) will That I will accept total response modification(s). That the Association reserves the modification is not construct the modification is not maint the surrounding structures and 	its will be obtained. bility for the upkeep and maintenance of all modification(s) made in the area. I also insurance for the improvement is my responsibility. not in any way hinder yard care. Instibility for any damage to person or property that may be caused by this set the right to require removal or repair of the modification at my own expense if: 1) receded or installed as per specifications submitted for approval with this form; or 2) rained in a safe condition; or 3) the modification is not maintained in keeping with add is not satisfactory to the Board of Directors. agree to follow the rules and regulations pertaining to architectural control and
Date	Unit Owner Signature(s)
Return completed form to The Select Group at the address or fax number below or email to ltucker@theselectgroup.us Date received by Association Signature	
APPROVED by Board ofAPPROVED with Follow	Directors ring Contingencies by Board of Directors:
DISAPPROVED for the	following reason(s) by Board of Directors:
Board Member Signature	Date Signed