

ARCHITECTURAL CHANGE REQUEST – VWCA 2010-02

Mail to Management and Associates, 720 Brooker Creek Blvd. #206, Oldsmar, FL 34677

Name _____ Association Village Woods

Address _____ Phone _____

Contractor Name and Phone _____

Starting Date _____ Completion Date _____
(MUST specify a date) (MUST specify a date)

Describe Change, Modification, Addition (Provide reasonable detail – attach as needed):

Drawing, Sketch, Brochure, Spec List, Etc. Attached: YES _____ NO _____
(Required for planting requests and Recommended for all other requests)

By submitting this application, the applicant agrees that, upon approval, the alterations will be accomplished without variation from the approved plans and WITHIN ninety days.

Applicant Signature _____ Date _____

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For Office Use Only

Date Application Received: _____ *Application Rec'd By:* _____

Approved: Disapproved (Give reasons for disapproval in the "Remarks" section)

Remarks: _____

BOD signatures/dates: (1) _____

(2) _____ (3) _____

(4) _____ (5) _____