

Windows and Rear Door Replacement
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 _____
 Contractor License # _____
 Starting Date _____ Completion Date _____
 (MUST specify a date) (MUST specify a date)

Describe Change, Modification, Addition (Provide reasonable detail - attach as needed):
 Identify windows, etc. to be replaced: _____

Contractor acknowledges that:

- Replacement windows must meet current State of Florida and Pasco County codes.
- If impact resistant glass is not the option used - Storm proof hurricane shutters must be made available for installation 7 days prior to a storm alert and removed 7 days after the threat is over per the current code requirements. Bracketing for the shutters must be kept and stored at or on the unit property.
- This form must be approved by Board of Directors BEFORE starting work.
- Pasco County Permit must be obtained and DISPLAYED before starting work.
- Must submit copy of license and insurance to the management company (listed above).
- All work and materials must meet current State of Florida and Pasco County codes.
- Windows must be aluminum or vinyl material and white in color.
- Windows must be double or single hung.
- Windows in the front of units MUST have the colonial grid design.
- Contractor debris and old windows, etc. are NOT to be put in VW Dumpsters.

I, the contractor, have read, understand, and agree to the above requirements:

 (Signature/Date) (Printed Name)
 Drawing, Sketch, Brochure, Spec List, Etc. Attached: YES _____ NO _____

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 _____

Note: Energy efficient windows / glass is highly recommended

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) _____