THE VILLAS I AT WATERSIDE VILLAGE ASSOCIATION, INC.

ARCHITECTURAL REVIEW REQUEST FOR MODIFICATION

	DATE
Applicant Name:	
Address:	Email:
Scope of Work:	
Company Performing Work:	
Company Phone:	Contractor License #:
Contact Person:	Contact phone:
I,and /or my reproversely and the address/villa listed above under the	esentative hereby request approval to perform exterior e scope of work that was detailed.
as a result of this modification as well as any ac	cion, I/We will assume all liability for any damage incurred dditional maintenance costs that may be incurred. I also red by all governmental agencies for this modification.
Attached please find the following additional in	nformation:
· · · · · · · · · · · · · · · · · · ·	ions, of the proposed modifications. In on my property and materials to be used.
Use additional sheets, if necessary.	
Owner(s) Signature(s):	Date
The above request for modification has been:	
(_) APPROVED (_) APPROVED WITH	THE FOLLOWING CHANGES (_) DISAPPROVED
6 .	D. 4.T.F.
Signature:	DATE: