

DSubd. _____ Lot/Bldg. _____ Unit _____ Rec'd By _____ Date _____

ANY APPROVAL BY THE ASSOCIATION IS SUBJECT TO THE OWNER COMPLYING WITH ALL LOCAL, COUNTY AND STATE LAW, ORDINANCES, RULES, REQUIREMENTS, ETC. A COPY OF THE SURVEY OF THE LOT ON WHICH PROPOSED LOCATION OF THE IMPROVEMENT IS MARKED MUST ACCOMPANY THIS FORM.

**Request for Architectural Modification
Committee Review**

Document Checklist

Survey/Plot Plan Specifications

Bldg. Plans Permit

Elevations Photos

Details Other (noted)

Request Form

Date :

Name:

Phone No: _____

Mailing Addr : _____

Please give a brief description of all additions, alterations, improvements, etc.:

Contractor: _____

Address: _____

Cert. of Insurance: _____

Occupational License No: _____

Cert. of Competency: _____

Homeowners Affidavit

I have read the covenants and restrictions of my Association and agree to abide by such covenants and restrictions. No work will commence without the approval of my Association.

*** MAINTENANCE FOR ENCLOSURES IS THE RESPONSIBILITY OF THE OWNERS**

Date: _____

Signed: _____

For Association Use Only:

Approved by P.O.A. or Association Board

Preliminary approval subject to review

Insufficient information submitted – resubmit

Not Approved (noted)

Association Agent: _____
Date: _____

Return Form To:

mark@atpmi.com

*Designated Property Management
Representative*