Quadrille

Homeowner's Association, Inc.
8081 Ambach Way, Hypoluxo, Florida 33462

REQUEST FOR REVIEW FOR ARCHITECTURAL MODIFICATION

FROM: (OWNERS NAME) _____

STREET ADDRESS: _____ UNIT # _____

DAYTIME PHONE: _____ EVENING PHONE: _____

Prior to any construction, alteration or improvement, two (2) sets of written plans and specifications shall be submitted for the approval of the Board of Directors showing the nature, kind, design, shape, height, materials and location of same, in a form which would be acceptable to obtain a permit or in the event a permit is not required in a form that would be required if a permit was in fact required. (Please note), color swatches need to be included for all paint approvals.

I understand and will comply with the following:

1. That if the modification is not completed as approved, said approval can be revoked and the modification will be required to be removed by the owner at the owner's expense.
2. That I am responsible to pay for and repair any and all damages done to the common areas as a result of the approved installation.
3. To comply with the state, county and city building codes and to obtain all necessary permits if applicable.
4. To abide by the recommendation of the and the decision of the Board of Directors.
5. That if the modification is not approved or does not comply, I/we may be subject to court action by the Association and that I/we shall be responsible for all reasonable attorneys fees.
6. Approval may take up to thirty (30) days from receipt of application.

_____ _____
Date of Request Signature of Homeowner

_____ _____ _____ _____
Date Received Approved Disapproved _____
Comments

_____
Authorized Board Member Signature