

**ELW CLUSTER IV HOMEOWNERS ASSOCIATION
ARCHITECTURAL REQUEST TO MODIFY PROPERTY TRANSMITTAL FORM**

INSTRUCTIONS TO LOT OWNER

1. This form must be submitted to the Cluster IV Association's Management Company to be time and date stamped. Do NOT submit this form to a Board Member as you will be deemed to be NOT following the correct process.
2. This form must be submitted with a completed "Request to Modify Property" form.

MANAGEMENT INFORMATION:

Management & Associates 720 Brooker Creek Blvd #206 Oldsmar Fl 34677

Management & Associates Received by: _____

Date Received _____ **Total pages received** _____

ARCHITECTURAL CONTROL COMMITTEE REQUIRED DOCUMENTATION

- Request to Modify Property Form Completed in Entirety**
- Proof of Contractor(s) License**
- Proof of Contractor(s) Insurance**
- Drawing, diagrams**
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ARCHITECTURAL COMMITTEE HAS 30 DAYS TO REVIEW PER ASSOCIATION DOCUMENTS

ARCHITECTURAL CONTROL COMMITTEE ACTION

- APPROVED. SUBJECT TO THE FOLLOWING CONDITIONS:** _____

- DISAPPROVED FOR THE FOLLOWING REASON(S):** _____

ACC Chairperson

Date

ELW CLUSTER IV ASSOCIATION REQUEST TO MODIFY PROPERTY

The undersigned requests permission to modify the property and submit the following time and correct information in support of the request. You are required to attach a sketch or drawing of the proposed modifications. You are encouraged to submit any additional information supporting your case.

A BRIEF DESCRIPTION OF PROPOSED MODIFICATION:

Does the modification change the color or appearance of the property? _____

Does the change involve any structural changes to the property? _____

Name and address of person designing proposed modification?

Contractor Name: _____

Contractor License Number: _____ Contractor Insurance Contact Information to be attached.

Estimated Cost: _____

Estimated Start Date: _____ Completion Date: _____

Respectfully submitted the _____ day of _____ of 20____.

_____ (Print Owners Name) _____ (Contact Phone Number)

_____ (Unit Number/Address)

_____ (Signature of Owner)

_____ (Approval of the Board of Directors) DATE: _____

If an Association Policy applies, Add Signature of Owner acknowledging that they have read, understood and will comply with this policy.

SIGNATURE _____ DATE _____

ATTACH A COPY OF THE CONTRACTOR'S ARCHITECTURAL DRAWING, BID ESTIMATE, PROOF OF CONTRACTOR'S LICENSE AND INSURANCE AND SUBMIT TO **MANAGEMENT & ASSOC.** THE BOARD ONLY RECOGNIZES THOSE REQUESTS COMING TO THE BOARD VIA MANAGEMENT & ASSOCIATES. INCOMPLETE FORMS WILL BE DENIED AND MUST BE RESUBMITTED AS A NEW REQUEST.