WATERFORD PATIO HOMEOWNERS ASSOCIATION – Architectural Approval Request

Questions regarding this form please contact: waterfordpatio@gmail.com LOT#			
HOMEOWNER:		PHONE	
ADDRESS:		EMAIL:	
DESCRIPTION OF IMPROVEM	MENT: (check t	the appropriate box)	
House Painting \Box Drivew	ay 🗆 Fence	☐ Screen Enclosure ☐ Ro	of □ Other □
DESCRIPTION:			
PLEASE FORWARD THE REQUIR	ED DOCUMENTS	<u>:</u>	
If painting, putting up gutters or 2. A copy of the proposal for the i contractor. 3. The name, address and telephed. If you are doing the work your 5. If you are painting your home samples, indicating which color 6. If installing a new roof, please 7. Please submit a separate applied WATERFORMARD THIS API	hurricane shutted improvement or come number of the self then include please provide a is for the house a include a sample cation form for e PROVAL FORM ORD PATIO HOLD AND IN THE SELECTION OF T	ers this is not needed. Change with full sets of plans and/or e contractor. a detailed sketch or drawing of the in picture of you house that show the count which is for the trim. of the roof you will be installing. ach improvement. AND THE REQUIRED DOCUME. A, 15010 S. WATERFORD DRIVE. Franted, I agree to comply with the for otherwise specified. ANYTHING OVER. City, County, governmental agencies of underground utilities, including sets of the sidewalks, or roady be caused to the sidewalks, or roady be caused to your neighbor's property. and approval of the association boar	improvement or change. color of the roof as well as the color NTS TO: , DAVIE, FL 33331 Illowing conditions: ER 90 DAYS YOU MUST RE-SUBMIT. es, etc. ewer, water cable, electric and telephone. d any area that are destroyed. lway from heavy equipment. erty.
PLEASE NOTE OTHER CONDITIONS STIPULATED ON AN INDIVID		APPLICABLE. THE CONDITIONS	WILL BE DETERMINED AND
for the architectural change abo	ve noted and if sa be prosecuted by	aid approval is granted, I agree to co y the Association should I fail to con	rsuant to the regulation of my association mply with the conditions stipulated herein nply with the covenants and restrictions o
SIGNATURE OF APPLICANT: DATE:		E:	
President:	Date:	Vice-President:	Date:
Secretary:	Date:	Treasurer:	Date:
Director:	Date:		

 $APPROVAL\ REQUESTS\ WILL\ BE\ PRESENTED\ AT\ THE\ NEXT\ BOARD\ MEETING\ AND\ RETURNED\ TO\ YOU\ WITHIN\ 5\ DAYS$