

ARLINGTON ST PETE TOWNHOMES ASSOCIATION, INC.
ARCHITECTURAL MODIFICATION REQUEST FORM

c/o Ameri-Tech Community Management, Inc.
24701 US Highway 19 N, Suite 102, Clearwater, FL 33763
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This document will become part of the Homeowners contract and must be complied with by any succeeding owners.

I, _____, do hereby request permission to make the following modification(s) to my unit at _____ in Arlington St Pete Townhomes.

Home/Cell Phone: _____ Work Phone: _____ E-mail: _____

DESCRIPTION OF REQUEST: _____

Attach the following as applicable:

- Plot Plan with proposed modification(s) to approximate scale with dimensions.
- Complete description (photos/drawings) as to construction design, materials (types & sizes) and color/finish.
- Floor Plan, Elevation, Section Drawing (i.e. footings).
- Copy of County Building Permit (if applicable).

I do, by my signature, understand and agree to the following:

1. That I assume total responsibility for the upkeep and maintenance of all modification(s) made in the area. I also acknowledge that obtaining insurance for the improvement is my responsibility.
2. That the modification(s) will not in any way hinder yard care or any other Association maintenance responsibility.
3. That I will accept total responsibility for any damage to person or property that may be caused by this modification(s).
4. That the Condominium Association reserves the right to require removal or repair of the modification at my own expense if:
1) the modification is not constructed or installed as per specifications submitted for approval with this form; or 2) the modification is not maintained in a safe condition; or 3) the modification is not maintained in keeping with the surrounding structures and is not satisfactory to the Board of Directors.
5. I certify that I have read and agree to follow the rules and regulations pertaining to the architectural control and review (if applicable).

Date Homeowner Signature(s)

Date Received by Association Signature

<input type="checkbox"/> APPROVED BY Board of Directors OR <input type="checkbox"/> APPROVED with Following Contingencies by Board of Directors:	
_____ _____	
Board Signature	Date Signed
<input type="checkbox"/> DISAPPROVED for the following reason(s) by Board of Directors:	
_____ _____	
Board Signature	Date Signed