## GARDENS II AT WATERSIDE VILLAGE ASSOCIATION, INC.

Email: allapplications@sunstatemanagement.com

## ARCHITECTURAL REVIEW REQUEST FOR MODIFICATION

	DATE
Applicant Name	
Address:	Villa #:
Scope of Work:	
	ming Work:
Company Phone	: Contractor License #:
Contact Person:	Contact phone:
	and /or my representative hereby request approval to perform exterior ress/villa listed above under the scope of work that was detailed.
as a result of thi	of my request for this modification, I/We will assume all liability for any damage incurred is modification as well as any additional maintenance costs that may be incurred. I also any permits that may be required by all governmental agencies for this modification.
Attached please	find the following additional information:
•	A sketch, including the dimensions, of the proposed modifications.  The location of the modification on my property and materials to be used.  Color samples, if applicable.
Use additional sl	neets, if necessary.
Owner(s) Signatı	ıre(s):Date
The above reque	est for modification to Unit/Lot# has been:
() APPROVED	( ) APPROVED WITH THE FOLLOWING CHANGES ( ) DISAPPROVED
DATE:	CHAIRPERSON ARC:
	BOARD OF DIRECTORS: