

**REQUEST FOR ARCHITECTURAL CHANGE  
ARBOR LAKES I CONDOMINIUM ASSOCIATION**

UNIT # \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

I (we) the undersigned owner(s) request permission to, (circle one): alter, install, change interior or exterior landscaping, etc. **ATTACH PLANS.**

\_\_\_\_\_

Contractors: Name, address, and telephone #: \_\_\_\_\_

\_\_\_\_\_

I AM AWARE THAT THE CONTRACTOR MUST BE LICENSED AND FURNISH A CERTIFICATE OF INSURANCE COVERAGE PRIOR TO STARTING WORK.

Signature of Owner: \_\_\_\_\_

Owner: \_\_\_\_\_

Surrounding NEIGHBORS who APPROVE the requested change:

\_\_\_\_\_  
Signature and Unit:

\_\_\_\_\_  
Signature and Unit:

The recommendation of the ARCHITECTURAL CONTROL COMMITTEE IS:

APPROVAL: \_\_\_\_\_

REJECTION: \_\_\_\_\_

Chairman: \_\_\_\_\_

Disposition by the EXECUTIVE COMMITTEE:

APPROVAL: \_\_\_\_\_

REJECTION: \_\_\_\_\_

Chairman: \_\_\_\_\_

If Approved, date of architectural committee inspection of completed change: \_\_\_\_\_

I (we) agree to maintain exterior improvements in accordance with the standards of Arbor Lakes I Condominium Association.

FORM MUST BE COMPLETED IN DUPLICATE  
**Contractor must post a copy of this approval at job site.**