

**PALMS AT WATERS EDGE CONDOMINIUM ASSOCIATION INC.
REQUEST FOR ARCHITECTURAL CHANGE**

UNIT # _____ DATE: _____
NAME OF OWNER: _____
ADDRESS: _____ PHONE: _____

In accordance with the Association's Declaration, the undersigned unit owner requests authorization to make the following modifications or alterations to the owner's unit # _____ in Palms at Waters Edge Condominium Association, Inc.

DESCRIBE: Modification / Alteration

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.

I (we) agree to maintain exterior improvements in accordance with the standards of Palms at Waters Edge Condominium Association Inc.

I/ We agree that the decision of the Board on this Matter is final and agree to abide by said decision.

Signature of Owner: _____
Owner: _____

BOARD OF DIRECTORS: _____ Approved _____ Denied

Board Member/Agent Signature

If Approved, date of architectural committee inspection of completed change: _____

FORM MUST BE COMPLETED IN DUPLICATE

Contractor must post a copy of this approval at job site.