

Sawmill Villas Condominium Association, Inc.

Architectural Modification / Alteration Request

Date _____ Unit _____
Owner(s) _____
Phone _____ Cell _____
Email _____

1. Request (Describe in detail including materials, colors, and size)

2. Please attach the following:

- Name of the company performing the work
- Copy of the contractor's occupational license
- Copy of the contractor's certificate of insurance
- Permits, where applicable
- Drawings

3. I(We) hereby make application to the Board of Directors for the above described exterior work or alteration to the unit.

4. I(We) understand that the approval of our application must be granted before the job may be started.

5. I(We) also acknowledge that I(We) could be forced to have the above described work removed if it is completed without prior approval.

6. Owner(s) signature _____

7. Please return this form to Premier CAM Services or any member of the Board of Directors.

-----DO NOT WRITE BELOW THIS LINE-----

Approved _____ Not approved _____
Date _____
Signature _____
Title _____
Printed name _____

Updated 3/28/2022

C/O: PREMIER CAM SERVICES

3436 Marinatown Lane, Suite 3, North Fort Myers, FL 33903

PHONE: (239) 217-6599 FAX: (239) 217-6598

EMAIL: office@premiercams.net