

PINEHURST ESTATES CONDOMINIUM ASSOCIATION, INC.

ARCHITECTURAL REVIEW REQUEST FOR MODIFICATION

DATE _____

Applicant Name: _____

Address: _____ Villa #: _____

Scope of Work: _____

Company Performing Work: _____

Company Phone: _____ Contractor License #: _____

Contact Person: _____ Contact phone: _____

I, _____ and /or my representative hereby request approval to perform exterior work at the address/villa listed above under the scope of work that was detailed.

Upon approval of my request for this modification, I/We will assume all liability for any damage incurred as a result of this modification as well as any additional maintenance costs that may be incurred. I also agree to obtain 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 sheets, if necessary.

Owner(s) Signature(s): _____ Date _____

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The above request for modification to Unit/Lot# _____ has been:

() APPROVED () APPROVED WITH THE FOLLOWING CHANGES () DISAPPROVED

DATE: _____ CHAIRPERSON ARC: _____

DATE: _____ BOARD OF DIRECTORS: _____