

HANSONS LANDING CONDOMINIUM ASSOCIATION, INC
ARCHITECTURAL CHANGE FORM

NAME: _____

ADDRESS: _____ Date: _____

WORK PHONE: _____ HOME PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

BUILDING NUMBER/UNIT NUMBER: _____

DESCRIPTION OF ADDITION, CHANGE, MODIFICATION, ETC.

Submit Two (2) copies of all proposed changes, modifications, etc, which include color or materials, plans, drawings and location. Also the name of the company scheduled to do the work together with a copy of their proposal and any and all pertinent information necessary to make an informed decision. If all required information is not received with this completed form, the board will automatically reject the application until all requested information is received.

The Architectural Change Committee will review the application and submit it to the Board of Directors for signature within 30 working days from time of receipt. Should you require any additional information, please contact Advantage Property Management at 772.334.8900.

DESCRIPTION: _____

The undersigned acknowledges that they have read this application and understand that approval is granted for the item(s) specified above and/or attached. The owner(s) also understands that approval may take as long as 30 working days, and until a signed approval is received, no work is to be started.

APPLICANT'S SIGNATURE: _____

APPLICANT'S SIGNATURE: _____

THIS APPLICATION IS REJECTED: _____

Board Members Signature: _____

APPROVED _____ REJECTED: _____ DATE: _____