

**ARCHITECTURAL REVIEW COMMITTEE
REQUEST FOR MODIFICATION
TERRACE PARK OF FIVE TOWNS, NO. 20, INC.**

Date: _____

I, _____, hereby request approval by the Architectural Review Committee for the modification shown below to unit number _____ located at

Address City Zip

Home Phone No.: _____ Cell Phone No.: _____

Email: _____

SUBJECT BEING REQUESTED (Please describe in detail, include materials and colors used as well as size):

Please include the following:

- Name of Company Performing Work
- Certificate of Insurance
- Copy of the Occupational License
- Permits - Where Applicable
- Drawings of improvements drawn to scale and on survey, or any information needed to explain your plan, example: photo

** Any expense incurred due to City/County code changes will be the responsibility of applicant.

I/We hereby make application to the Architectural Review Committee for the above-described item to be approved in writing by the Architectural Review Committee and the Board of Directors.

I/We understand that approval of our request must be granted before I/We can have the job started. I/We also acknowledge that we could be forced to have the item removed if it is installed without approval. I/We also acknowledge that this request is granted AS PRESENTED to the Committee and must be completed as presented. Any changes are not approved and will not be accepted without the approval of the Committee. I/We understand that the Architectural Review Committee has up to 30 days to approve this request.

Signature of Applicant

Signature of Applicant

Please return or email form and all information to the address below:

DeSantis Community Management, LLC
Mailing Address: 2931 Macalpin Dr S, Palm Harbor FL 34684
Office Address: 801 W Bay Dr Ste 406, Largo FL 33770
Phone: (727) 44-5225

REMIT TO: Info@DeSantisMgmt.com

The above request for modification to address _____ has been:

() DISAPPROVED () APPROVED () APPROVED WITH CHANGES OUTLINED IN LETTER

DATE: _____

CHAIRPERSON ARC: _____