

Wyldeewood Village I Condominium Association, Inc.

ARCHITECTURAL CONTROL REQUEST

UNIT: _____ DATE: _____

UNIT OWNER/APPLICANT: _____

ADDRESS: _____

EMAIL: _____

HOME PHONE: _____ OTHER/CELL PHONE: _____

SUBJECT BEING REQUESTED (Describe in detail, including materials, colors and size)

*****PLEASE INCLUDE THE FOLLOWING*****

- NAME OF COMPANY PERFORMING WORK
- COPY OF THE CONTRACTOR'S OCCUPATIONAL LICENSE
- CONTRACTOR'S CERTIFICATE OF INSURANCE
- PERMITS-WHERE APPLICABLE
- DRAWINGS ATTACHED: YES _____ NO _____

I/We hereby make application to the Board of Directors for the above-described work/alteration. I/We understand that approval of our request must be granted before I/We can have the job started. I/We also acknowledge that I/We could be forced to have the above described work removed if it is installed without approval. Florida Statute Condo Law applies to all improvements made by owners. All Work to be done according to Florida code.

Signature

Signature

Approved: _____ Denied: _____ Date: _____

By: _____ Title: _____

Notes: _____

*C/O D&D Association Services, LLC
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