QUATRAINE III - PHASE I HOA

REQUEST FOR ARCHITECTURAL MODIFICATION

TO: QUATRAINE	II – PHASE I HOMEOWNERS ASSOCIATION BO	ARD OF DIRECTORS
OWNER'S NAME:		
UNIT ADDRESS:		
MAILING ADDRESS (I	IF DIFFERENT):	
UNIT	LOT NUMBER	
DAYTIME PHONE:	EVENING PI	HONE:
Approval is hereby described and depict	requested to make the following modificated below, or on additional attached pages as laterials, color, design, location, and other perticular.	ion(s), alteration(s), or addition(s) as necessary. Please include details such
LANDSCAPING, PAT PERMITS AND INSP	JRVEY MUST BE ATTACHED FOR ALL IOS, ETC. THE HOMEOWNER IS RESPONSI ECTIONS. FAILURE TO OBTAIN NECESSAF JOR COUNTY BUILDING CODE VIOLATIONS.	BLE FOR ANY AND ALL NECESSARY
Date of Request:	Signature of Unit Owner:	
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APPROVAL:		Date Approved:
` •	re of Quatraine III HOA Phase 1 Board Member)	
DISAPPROVAL: (Signatur	e of Oustrains III HOA Phase 1 Board Member)	Date Disapproved:
COMMENTS:		
		

Return to: Quatraine III HOA

c/o Ambassador Community Management Inc.

7100 West Commercial Blvd. Suite 107

Lauderhill FL 33319

Phone 954-741-8811 Fax 954-741-8051