

Woodlands Homeowners Association
REQUEST FOR ARCHITECTURAL MODIFICATION

This form **must** be executed and accepted before any exterior alteration can be made. **Please Print**
 The Modification Form is to be submitted by residents or property owners only and not contractors or vendors.

Owners' Name:	
Property Address:	
Daytime Phone:	Evening Phone:

Mailing address if not the property address:

Street:	City:	ST:	Zip:
Contractor:		Contractor License #:	
Street:		City:	
ST:	Zip:	Phone:	

A permit must be obtained from the City of Tamarac and the permit number given to the Architectural Control Committee (ACC). The Board has the right to rescind acceptance of this modification request if a required permit is not obtained and approved by the city.

Acceptance is hereby requested to make the following modifications, alterations or additions as described and depicted below or on additional pages if necessary. Details such as dimensions, materials, color, design, location, drawings or pictures and any other pertinent data are required to be submitted.

I understand that any damage to any other property created by the workmen during the completion of said alteration shall become my responsibility to correct. I also understand that the maintenance, replacement and insurance of the change applied for is my responsibility, and that the approval for such change or addition can be revoked if it interferes with or damages any adjoining property. If the change or addition causes damage to a common area, I understand I will bear the expense of necessary.

Homeowner's Signature: _____ Date: _____

Accepted Rejected By: _____

Reason for Rejection:

Comments:

For the fastest turnaround, **residents or property owners only (not contractors or vendors)** send the application and drawings/plan copies to the Chairperson below via email or regular mail.

Chairperson: Randy Scott

Email: randy@wrscottconsulting.com>

Address: 4912 Umbrella Tree Lane, Tamarac, FL 33319 (please include a stamped, self-addressed envelope)