

REQUEST FOR ARCHITECTURAL APPROVAL

This is a request form to be completed by the homeowner and submitted to the (ACC) Architectural Control Committee for approval **BEFORE** any work commences. Please complete in its entirety and mail to *Ameritech Management 24701 US 19 North, Suite 102, Clearwater, FL 33763; 727-726-8000 or Fax: 727-723-1101 or email to rkelly@ameritechmail.com*

THIS SECTION TO BE COMPLETED BY THE HOMEOWNER

ASSOCIATION NAME: Seville Condo 11 DATE: _____
Clearwater, FL 33764

NAME: _____ LOT #: _____

ADDRESS: _____

PHONE (HOME) _____ (WORK) _____

DESCRIBE THE INTERIOR CHANGE/ADDITION/INSTALLATION: (i.e. flooring, cosmetic changes, etc.)

LOCATION: (ATTACH A COPY OF THE PLAN SHOWING THE SPECIFICS OF THE ADDITION OR INSTALLATION – MUST BE PROVIDED) GIVE DESCRIPTION.

SPECIFICATIONS: (ATTACH A COPY OF THE PLANS OR SUITABLE DRAWING OR PICTURE - MUST BE PROVIDED)

DIMENSIONS: _____

MATERIAL (S): _____

ESTIMATED TIME OF COMPLETION: _____

NOTE: ALL REQUESTS MUST CONFORM TO THE LOCAL ZONING AND BUILDING REGULATIONS AND OWNERS ARE RESPONSIBLE FOR OBTAINING THE NECESSARY PERMITS IF YOUR REQUEST IS APPROVED.

THIS SECTION TO BE COMPLETED BY THE MANAGEMENT CO.

REQUEST: DATE APPROVED _____ DATE DENIED _____

AUTHORIZED SIGNATURE: _____

(ACC) SIGNATURE: _____

(ACC) COMMENTS: _____

THIS APPROVAL IS GOOD FOR NINETY DAYS (90). IF YOUR PROJECT WILL NOT BE DONE WITHIN 90 DAYS, PLEASE SUBMIT THE REASON WHY THE PROJECT CANNOT BE DONE WITHIN 90 DAYS FOR BOARD CONSIDERATION.

DATE RECEIVED: _____ DATE INSPECTED: _____ DATE OF FINAL
