



AVALON OF ORANGE COUNTY  
CONDOMINIUM ASSOCIATION, INC.

ARCHITECTURAL MODIFICATION APPLICATION FORM

Please return this form to:

Attn: Joshua Bateman  
Email: [avaloncondos@gmail.com](mailto:avaloncondos@gmail.com)  
Fax: (407)737-4123

DATE: \_\_\_\_\_ UNIT #: \_\_\_\_\_

UNIT OWNER (APPLICANT): \_\_\_\_\_

TELEPHONE #: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

TYPE OF MODIFICATION BEING REQUESTED (Please describe in detail. Include material, color, size/dimensions or areas involve.): *Please refer to Declaration of Condominium/Covenants Section:*

\_\_\_\_\_  
\_\_\_\_\_

**ARCHITECT'S PLANS & DRAWINGS AND/OR MATERIAL SPECIFICATIONS MUST BE ATTACHED BEFORE APPLICATION WILL BE CONSIDERED. COPIES OF CONTRACTOR'S CURRENT CERTIFICATE OF INSURANCE AND LICENSE. UPON ASSOCIATIONS APPROVAL BUILDING PERMITS FROM, CONSTRUCTION IMPROVEMENT PYMENT (IF REQUIRED) MUST BE PROVIDED PRIOR TO COMMENCING WORK.**

I / We hereby make application to AVALON OF ORANGE COUNTY CONDOMINIUM ASSOCIATION, INC. for the above described item to be approved in writing.

I / We understand and acknowledge that approval of this request must be granted before work on the modification may commence and that if modification / installation is done without the approval of the Association, the Association may force the removal of the modification / installation and subsequent restoration to original form at my expense.

***All contractors are responsible for removal of debris as a result of improvements. Upon approval, remember to schedule with the Management Office in advance for the installation dates (s).***

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

This Section For Office Use Only

APPLICATION APPROVED

APPLICATION DENIED

**X** \_\_\_\_\_ Date: \_\_\_\_\_