BRIGADOON OF CLEARWATER HOMEOWNERS ASSOCIATION ARCHITECTURAL CONTROL FORM

Request for Interior and /or Exterior Modifications

Name-		
Address		
City/ST/Zip		
Phone		
Email		
TYPE OF	REQUEST- (Please check all that apply)	
Balcony/Deck Modifications	Please submit specifications	
Windows/Doors	Please submit specifications	
Roofing	Please submit specifications	
Other	Please submit specifications	
responsible for compliance of co needed permits from the City or	st be received <u>prior</u> to beginning work. The owner is ntractors to abide by the Association Documents and have County. COPY OF THE INSTALLING VENDOR'S BUSINESS LICENSE AND	
	TO THE PROPERTY MANAGER FOR THE APPLICATION TO APPROVED.	
Please submit to the property m	anager.	
Signature of Applicant	Unit #	
Approved Disa	pproved	
Board Signature	Date	