

GOLDENROD VILLAS CONDO ASSOCIATION, INC.

Architectural Modification Application Form

Date: _____
Unit Owner (Applicant): _____
Address: _____
Telephone : _____ Cell: _____
Email: _____
Type of Modification being requested (Please describe in detail)

Are these modifications TEMPORARY or PERMANENT? (circle one)

Start date: _____ Completion date: _____

Architectural plans and drawings and/or material specifications must be attached before application is considered.

I/We hereby make application to the Goldenrod Villas HOA, 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 approval of the Association. The Association may force the removal of the modification/installation and subsequent restoration to original form at my expense.

Applicant Signature: _____

Applicant Signature: _____

Application Approved ☐
Denied ☐

X _____

Date: _____

Additional Contingencies:

PAINE-ANDERSON PROPERTIES, INC
301 W SR 434, SUITE 325
WINTER SPRINGS, FLORIDA 32708
OFFICE: 407-695-7898
EMAIL: PAINEAND@AOL.COM