

**AZALEA WOODS CONDOMINIUM ASSOCIATION, INC.
REQUEST FOR ARCHITECTURAL CHANGES**

Request from: _____ Date: _____
Local Address: _____ Phone: _____
Other Address: _____ Phone: _____

DOCUMENT CHECKLIST
(To be submitted at time of request)

- | | | |
|----------------------------------|---|---|
| <input type="checkbox"/> Permit | <input type="checkbox"/> Specifications | <input type="checkbox"/> Building Plans |
| <input type="checkbox"/> Details | <input type="checkbox"/> Vendor Information | <input type="checkbox"/> Photos |

Brief Description of alteration, improvement, addition, etc.

Contractor: _____
Address: _____
Certificate of Insurance: _____
Occupational License #: _____

HOMEOWNER'S AFFIDAVIT

I HAVE READ THE DEED RESTRICTIONS AND POLICIES OF AZALEA WOODS CONDOMINIUM ASSOCIATION, INC. AND AGREE TO ABIDE BY THE SAME. NO WORK WILL COMMENCE WITHOUT THE WRITTEN APPROVAL OF THE BOARD OF DIRECTORS.

Signed: _____ Date: _____

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- | | |
|--|-------------|
| <input type="checkbox"/> Approved by the Board of Directors | Date: _____ |
| <input type="checkbox"/> Insufficient information; please resubmit | Date: _____ |
| <input type="checkbox"/> Not approved for the following reasons: | Date: _____ |

PLEASE MAIL YOUR REQUEST TO:
AMERI-TECH COMMUNITY MANAGEMENT, INC.
24701 US HIGHWAY 19 NORTH, SUITE 102
CLEARWATER, FL 33763
(727) 726-8000

DO NOT SUBMIT FORM TO ANY BOARD MEMBER!!