

WESTWINDS OF TREASURE ISLAND CONDOMINIUM

ARCHITECTURAL REVIEW APPLICATION

PLEASE COMPLETE AND RETURN THIS FORM FOR APPROVAL PRIOR TO COMMENCEMENT OF WORK

Mail To: Westwinds Condo C/O Ameri-Tech Community Management
6415 1st Avenue South St. Petersburg, FL 33707

Or

Email to: Jmyrthil@AmeriTechMail.com

PROPERTY OWNER (S): _____ DATE: _____

UNIT NUMBER: _____

MAILING ADDRESS (IF DIFFERENT) _____

PHONE: _____ FAX: _____ EMAIL: _____

VENDOR/INSTALLER: _____

LICENCE NUMBER: _____ PHONE: _____ EMAIL: _____

PLEASE ATTACH:

- PAINT I COLOR SAMPLES, PLANS, PHOTOS AS NEEDED TO DESCRIBE MODIFICATION
- ALL NECESSARY GOVERNMENTAL PERMITS
- VENDOR PROOF OF INSURANCE

PLEASE DESCRIBE, IN DETAIL, THE ADDITION, CHANGE OR INSTALLATION TO BE REVIEWED:

OWNER SIGNATURE

DATE

Approval is based solely on the submitted plans and specifications and does not relieve the owner of the responsibility to ensure compliance with all Association governing documents, applicable codes, permits, and regulations. Any modification installed in a manner inconsistent with the Association's governing documents may be subject to corrective action at the owner's expense.