REQUEST FOR REVIEW OF ARCHITECTURAL MODIFICATION

(of any change or modification to your unit)

MAIL TO:	Brett Newby
	Ameri-Tech Community Mgmt., Inc.
	24701 US Hwy 19 N. / Suite 102
	Clearwater, FL 33763
OR EMAIL TO:	bnewby@ameritechmail.com

Owners Name:

Address

Unit #

Day/Night Phone Number:

Approval is required for all modification(s), alteration(s), or addition(s). Refer to your association's documents for additional information and requirements. For significant alterations to the structure of the unit), please attach a detailed (to scale) drawing or blueprints of your plans.

Description of work to be completed: _____

Owner's Signature Date Requested (if emailing, your email will be your electronic signature) For board/committee purposes only: Date Received Approved Not Approved Date Notified Comments
Date Requested
Date Requested
(if emailing, your email will be your electronic signature) For board/committee purposes only: Date Received Approved Not Approved
Date Received Approved Not Approved
Date Received Approved Not Approved
Date Notified Comments
Board Signatures: