WINDMILL GATE HOMEOWNER'S ASSOCIATION

ARCHITECTURAL MODIFICATION APPLICATION FORM

Please return this form to: ZELMA IGLESIAS

Email: iglmanager2@gmail.com

DATE:			
OWNER (APPLICANT):			
PROPERTY ADDRESS:			
PROPERTY ADDRESS: TELEPHONE#: (HOME)	(WORK)_		
TYPE OF MODIFICATION BEING F involved.):	REQUESTED (Please describe in d	letail. Include material, co	lor, size/dimensions or areas
SOCIOLIS MANAGEMENTO		IFICATIONS MUST BE ATTA	ACHED BEFORE APPLICATION
IMPROVEMENT PAYMENT (IF RE			
I/We hereby make application to in writing. I/We understand and acknowled commence and that if modificat force the removal of the modificat All contractors are responsible for	ge that approval of this request ion/installation is done without ation/installation and subsequen	must be granted before we the approval of the Association to original for	ork on the modification may ciation, the Association may
Applicant:		Date:	
Applicant:		Date:	
	This Section For Offic		
APPLICATION APPROVED	APPLICATION DE	NIED	
Х		Date:	