

MetroWest

ACCT # _____

METROWEST MASTER ASSOCIATION, INC. ARCHITECTURAL MODIFICATION APPLICATION FORM

TEMPORARY

PERMANENT

Please Circle One

MEMBER Name: _____

Address: _____

Telephone #: _____ Cell #: _____

Email: _____ Website: _____

MEMBER Signature: _____ Date: _____

Unit Owner/Tenant Name (Applicant): _____

Unit Address/#: _____

Email: _____ Phone #: _____

Applicant Signature: _____ Date: _____

TYPE OF MODIFICATION BEING REQUESTED (Please describe in detail. Include rendering, material, color, size/dimensions of areas involved, permits etc): *Please refer to MWMA Declaration of Covenants and Restrictions as well as Development Guidelines on our website: www.metrowestcommunity.com, Resources, and under MWMA Documents*

Start Time: _____ Completion Time: _____

ARCHITECTURAL PLANS & DRAWINGS AND/OR MATERIAL SPECIFICATIONS MUST BE ATTACHED BEFORE APPLICATION WILL BE CONSIDERED. COPIES OF CONTRACTOR'S CURRENT CERTIFICATE OF INSURANCE AND LICENSE. **UPON ASSOCIATION APPROVAL, BUILDING PERMITS FROM CITY OF ORLANDO, MUST BE PROVIDED PRIOR TO WORK COMMENCING OR AUTOMATIC FINE MAY OCCUR. APPLICATION IS INVALID AND RE-SUBMITTAL IS REQUIRED IF WORK HASN'T COMMENCED FROM SIX (6) MONTHS OF THE DATE OF THIS APPLICATION.**

Initials

I / We hereby make application to the METROWEST MASTER ASSOCIATION, INC. for the above described item to be approved in writing. I/We hereby understand that the approval is only for the dates shown in the "Start Time and Completion Time" indicated above.

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 the approval of the Association, the Association may force the removal of the modification/installation and subsequent restoration to original form at my expense.

I / We understand that a non-refundable application fee is charged and due at the time of application and is payable to the MetroWest Master Association.

All contractors are responsible for removal of debris as a result of improvements/modifications. Upon approval, remember to schedule with the Management Office in advance for the installation date(s).

This Section For Office Use Only

APPLICATION APPROVED APPLICATION APPROVED w/Contingencies (see below)
APPLICATION RE-SUBMITTED APPLICATION DENIED

X _____ Date: _____

Additional Contingencies: _____

Application Fee Paid \$ _____