

# MetroWest

## METROWEST MASTER ASSOCIATION, INC. ARCHITECTURAL MODIFICATION APPLICATION FORM

DATE: \_\_\_\_\_

LINK ID #: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_

UNIT OWNER (APPLICANT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TYPE OF MODIFICATION BEING REQUESTED (Please describe in detail. Include material, color, size/dimensions of areas involved): *Please refer to Declaration of Covenants and Restrictions.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEMPORARY

PERMANENT

*Please Circle One*

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.**

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).*

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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*This Section For Office Use Only*

APPLICATION APPROVED

APPLICATION DENIED

X \_\_\_\_\_ Date: \_\_\_\_\_

Additional Contingencies: \_\_\_\_\_

Application Fee Paid \$ \_\_\_\_\_