WEXFORD ON THE GREEN HOMEOWNERS ASSOCIATION, INC.

ARCHITECTURAL REVIEW REQUEST FOR MODIFICATION

Return completed form and required documents to:
Sunstate Association Management, Inc.
allapplications@sunstatemanagement.com

Date_____

Applicant Name:	Email:
Address:	Phone:
Company Performing Work:	
, ,	Contractor License #:
Contact Person:	Contact phone:
work at the address listed above ι	and /or my representative hereby request approval to perform exterior nder the scope of work that was detailed. nis modification, I/We will assume all liability for any damage incurred as a
result of this modification as well a	s any additional maintenance costs that may be incurred. I also agree to uired by all governmental agencies for this modification.
The location of the modified	ensions, of the proposed modifications. ation on my property and materials to be used. of an item to be purchased e.
Use additional sheets, if necessary	
Owner(s) Signature(s):	Date
The above request for modification () APPROVED () DISA	n to Unit/Lot#has been: PPROVED () APPROVED WITH THE FOLLOWING CHANGES:
DATE:	HAIRPERSON ARC:
D, (12.	7/ IIII E100117 IIIO.

BOARD OF DIRECTORS: _____

DATE: _____