

# MetroWest

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

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

MEMBER Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

MEMBER Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MEMBER Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Owner/Tenant Name (Applicant): \_\_\_\_\_

Unit Address/#: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

TEMPORARY

PERMANENT

*Please Circle One*

Start Time: \_\_\_\_\_ Completion Time: \_\_\_\_\_

Initials

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.**

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).*

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**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 \$ \_\_\_\_\_