

**ARCHITECTURAL REVIEW COMMITTEE
REQUEST FOR MODIFICATION**

Date: _____

I, _____, hereby request approval by the Architectural Review Committee for the modification shown below to Unit/Lot _____ located at _____.

Home Phone No.: _____ Work Phone No.: _____

SUBJECT BEING REQUESTED (Please describe in detail, include materials and colors used as well as size):

Please include the following:

Name of Company Performing Work
Copy of the Occupational License

Copy of Certificate of Insurance
Permits - Where Applicable

**Any expense incurred due to City/County code changes will be the responsibility of applicant.

Deposit For Satellite Dish Installations - There is a \$100 deposit required for all satellite dish installations. Return of the \$100 deposit is contingent upon removal of the dish prior to vacating the unit where the dish was installed. Failure to remove the dish prior to leaving the unit will result in forfeiture of the deposit by the Province Park Condominium Association. The installation of the personal satellite may not cause damage to or obstruct the Common Elements and the location must be within the borders of the mulched areas and cannot be visible from the street. If the dish is installed incorrectly, the owner of the dish will be responsible for relocating the dish to the proper location.

DRAWING ATTACHED:

If no drawings are attached, please use the area provided on the next page of this form.

I/We understand that approval of our request must be granted before I/We can have the job started. I/We also acknowledge that we could be forced to have the item removed if it is installed without approval. I/We also acknowledge that this request is granted AS PRESENTED to the Board of Directors and must be completed as presented. Any changes are not approved and will not be accepted without the approval of the Committee and the Board of Directors. This request will be acted upon at the next available BOD meeting. Please allow sufficient time to be reviewed by the Architectural Committee and the Board of Directors.

Signature of Applicant

Signature of Applicant

PLEASE RETURN BOTH PAGES!!

