

WINDEMERE HOA ARCHITECTURAL REQUEST
for EXTERIOR ADDITIONS/MODIFICATIONS

NAME _____ PHONE _____

ADDRESS _____ EMAIL ADDRESS _____

Please provide a brief description of request. Where appropriate, a property survey or drawing/site plan should be submitted, showing location and dimensions of proposed improvement, considering property lines and drainage. If Pinellas County permit is required, a copy must be submitted with this request.

DESCRIPTION _____

Please use back of this page or 2nd page if necessary.

Paint Home Base _____ Trim _____ Front Ent Door _____ Garage Doors _____

New Roof Tile _____ Shingle _____ Other _____ Shade Name _____

Fencing, Additions, New Doors, Window Replacement, Mailbox, Lawn, Gutters, Driveway, Tree Removal, or ANY exterior modification (front or back).

- Work must begin within one month and be completed within two months (unless exception is requested).
- Nothing herein contained shall be construed to represent that improvements are in compliance with the provisions of the building and zoning codes of Pinellas County. Further, nothing herein contained shall be construed as a waiver or modification of any said restrictions.
- Owner understands and agrees that no work on the requested improvement shall commence until written approval has been obtained from the HOA. Owner further understands and agrees that any exterior improvement undertaken before written approval is obtained is not permitted and that if such improvements are made and subsequently disapproved, in whole or in part, the Owner may be required to restore the property to its former condition at Owner's expense. Further, Owner understands that he may be responsible for any legal expense associated therewith.

OWNER'S SIGNATURE _____ DATE _____

Send completed request to: Sentry Management, 28050 US Highway 19 N Suite 509 Clearwater FL 33761
Attn: Bea Jovel Phone 727-799-8982 Email: bjovel@sentrymgt.com

YOUR REQUEST HAS BEEN:

APPROVED _____

_____ DATE _____

DENIED _____

Board of Directors

SEE BELOW _____

COMMENTS _____
