## Villages of Summer Lake of Tallahassee, Inc. Exterior Alteration Application

## Please mail or email to:

Villages of Summer Lake of Tallahassee, Post Office Box 11143 Tallahassee, Florida 32302 jtrotman@myfloridahoa.com	Inc.
Name:	
Address:	
Telephone:	
Email:  Description of changes desired – give full details of purpose and/or reason, type and color of materials to be used, and location on the property.	
Acknowledgemen	t of Adjacent Property Owners
This acknowledgment indicates an awareness or disapproval.	of the intent and does not constitute nor indicate approval
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Email:	Email:
Notes:	

1. Nothing herein contained shall be construed to represent that alterations to land or building in accordance with these plans, shall not violate any of the protective covenants nor any of the provisions or Building or Zoning Codes, to which the above property is subject. Further, nothing herein contained shall be construed as a waiver or modification of any such restriction.

- 2. I understand and agree that no work on this request shall commence until written approval of the Architectural Control Committee has been received by me.
- 3. I understand that applications usually take no longer than 30 days for complete review and action once sufficient documentation has been provided.
- 4. A copy of this application shall be returned to me after action by the Architectural Control Committee.
- 5. I represent and warrant that the proposed changes requested herein conform to the appropriate Architectural Guidelines and that these changes shall be made in conformance with them.

within 30 days of the commencement of the work.

I understand and agree that the work must be started within 45 days of approval and completed

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Instructions to Applicant:</u>

Draw a simple sketch or include clipping or picture in space below. <u>Please limit attachments to 8 ½ x 11.</u>

Remarks: \_\_\_\_\_

Action: