Central Square Villas

APPLICATION FOR APPROVAL OF ARCHITECTURAL CHANGE

Date:	Email:			
Unit Owner:				
Address:		Phone:		Other:
NATURE OF PROF	POSED CHANGE, ALTE	RATION, OR	ADDITION:	
Proposed starting d	ate:Propo	nsed completio	n date:	
Work to be perforn				
Liot of materials to			als sheet if more roo	
FOR	THE CONTRACTOR:			TO BE STARTED UNTIL THE
Please supply the fo	llowing information:	HOMEOWNE	R RECEIVES APP	PROVAL LETTER*
	ss and phone number.	•		
	workers compensation i lans and a specific list o			
	most recent survey with			
5. *No Advertis	ing signs are permitted	on Central So	uare Villas prop	erty*
	FC	OR THE HOM	EOWNER:	
				of construction; repair of any damage
	- · ·		_	the standards set by the Board of the unit, the seller must provide the
				the unit, the seller must provide the / landscaping additions or the seller
	to its original condition b			
.				_
Signature of Ho	meowner:			_ Date:
his application will	be forwarded to the Arc	chitectural Co	mmittee for revi	_ Date: ew, and put on the agenda for the ease allow up to 60 days for
This application will next scheduled boar processing.	be forwarded to the Arc	chitectural Co by the Board	mmittee for revie of Managers . Ple	ew, and put on the agenda for the ease allow up to 60 days for
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