## **Architectural Modification Application**

## The Woods at Anderson Park

Name:	Date:
Address:	
Telephone Number:	Circle One: Structural or Landscape Modification
Che	cklist Reminder:
	<ul> <li>Completed Architectural Modification Application</li> <li>Diagram / Sketch of the Project</li> <li>Contractor's Bid, Proof of License, Bonded and Insured</li> </ul>
Please provide a description	of you request:
In the box below, draw a ske	etch of diagram of your request. If your contractor has provided one with his we this blank. If needed, you may use an additional page.
for property damage, or persol/we hereby indemnify The Vandall such claims. I/we undapplicable building codes and	that I/we will be solely liable for any claims, including and without limitations sonal injury, which may result from the requested addition or modifications. Woods at Anderson Park Condominium Association, Inc. from and against any derstand and acknowledge that I/we are responsible for complying with all dordinances, and for obtaining all necessary permits and inspections for the cation and further, that I/we am/are responsible for all maintenance, repair or modification.
Signature of Owner	Signature of Owner
*********	*******************
Action by the Board:	Date Received:
()Approved as Requested	()Approved with the following stipulation:
( ) Disapproved for the follo	owing reasons:
Notified to Owner Sent:	
Board Member's Sigr	Date:
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