

Colony Lakes Homeowners Association
Architectural Modification Form

Homeowners Name: _____

Homeowners Address: _____

Daytime Phone: _____ Cell: _____

Email: _____

Indicate type (s) of modification/repair/install you are planning:

Location of modification/repair/install:

Color(s) _____

Construction Material: _____

Contractor/Installer Company: _____

Attached the following along with the request:

- ✓ **Full description, specifications, picture or drawing of modification/installation**
- ✓ **Signed Waiver/Hold Harmless Statement**
- ✓ **Contractors Certificate of Insurance, must be licensed and bonded**

I/we understand the rules regarding the guidelines for the modification/installation, and agree to abide by the governing documents of the Colony Lakes Homeowners Association. Management will be notified when project has been completed for inspection done by Management/Board or other designee.

Owners Signature

Date

OFFICE USE

Received: _____ Approved: _____ Denied: _____

Reason for denial: _____

Inspected: _____ By: _____

Its: _____