

**GOVERNORS WALK HOMEOWNERS ASSOCIATION, INC
REQUEST FOR REVIEW OF ARCHITECTURAL MODIFICATION**

Homeowners Name: _____
Address: _____
City: _____ Zip: _____
Day Phone: _____ Evening Phone: _____

Approval is hereby requested to make the following modification(s), alterations(s) or addition(s) as described and depicted below or on additional pages as necessary. Please include such detail as the dimensions, materials, color, design, location and other pertinent data. All documentation necessary to obtain a city building permit must be submitted with this form.

I understand and will comply to:

1. That if the modification is not completed as approved, said approval can be revoked and modification will be required to be removed by the owner at the owner's expense.
2. That I am responsible to pay for and repair any and all damage done to the common areas as a result of an installation.
3. To comply with the state, county, and/or city building codes and to obtain all necessary permits if applicable.
4. To abide by the decision of the Architecture Review Committee or the Board of Directors.
5. That if the modification is not approved or does not comply, I/we may be subject to court action by the Association and the I/we shall be responsible for all reasonable attorney's fees.

Signature: _____ Date: _____

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Date Received: _____ Date Notified: _____

() Approved () Disapproved

Comments: _____

Board Of Directors

Board Of Directors