## Summerdale Townhomes at Countryside Property Owners Association, Inc.

## ARCHITECTURAL CHANGE REQUEST FORM

Name:	Property Address:	
Phone:	Email Address:	
Estimated Start Date:	Estimated Completion Date:	
Description of proposed alteration, change or re	eplacement:	
Proposed materials:		
Color: Style:	Type:	Dimensions:
Location: (provide drawing or detailed descript	ion as applicable)	
Additional Information: (list or attach any other relevant information)		
Certification: I understand approval of the above changes by Owners Association Inc. Architectural Commit responsibility for obtaining any and all necessa zoning ordinances. If approved, I agree to mak the letter of approval. All changes will be on m Association's property is disturbed or damaged Association's property to its original condition	tee or Board of Director ry building permits and te the changes under the my property or property l by my contractor, agent at my expense.	rs does not relieve me of the variances and observing all local terms and conditions specified in line. If any portion of the t, or myself, I agree to restore the
Applicant Signature:		Date:
Architectural Committee Approval:		Date:
Mail completed form to: Summerdale Townhomes at Countryside Prope c/o Bay Area Management Services 2522 Newbern Drive Clearwater. FL 33761	rty Owners Association,	, Inc.

Email questions to: bayareamgt@gmail.com