



AVALON OF ORANGE COUNTY CONDOMINIUM ASSOCIATION
ARCHITECTURAL MODIFICATION APPLICATION FORM

Please return this form to:

Attn: **Board of Directors**
Email: **avaloncondos@gmail.com**
Fax: **407-737-4123**

DATE: _____ Unit #: _____

UNIT OWNER (APPLICANT): _____

TELEPHONE #: (HOME) _____ (WORK) _____

TYPE OF MODIFICATION BEING REQUESTED (Please describe in detail. Include material, color, size/dimensions or areas involved.): *Please refer to Declaration of Condominium/Covenants Section*

ARCHITECT'S PLANS & DRAWINGS AND/OR MATERIAL SPECIFICATIONS MUST BE ATTACHED BEFORE APPLICATION WILL BE CONSIDERED. COPIES OF CONTRACTORS' CURRENT CERTIFICATE OF INSURANCE AND LICENSE. UPON ASSOCIATION APPROVAL BUILDING PERMITS FROM _____, CONSTRUCTION IMPROVEMENT PAYMENT (IF REQUIRED) MUST BE PROVIDED PRIOR TO COMMENCING WORK

I / We hereby make application to AVALON OF ORANGE COUNTY CONDOMINIUM ASSOCIATION for the above described item to be approved in writing.

I / We understand and acknowledge that approval of this request must be granted before work on the modification may commence and that if modification / installation is done without the approval of the Association, the Association may force the removal of the modification/ installation and subsequent restoration to original form at my expense.

All contractors are responsible for removal of debris as a result of improvements. Upon approval, remember to schedule with the Management office in advance for the installation date(s).

Applicant: _____ Date: _____

Applicant: _____ Date: _____

This Section For Office Use Only

APPLICATION APPROVED

APPLICATION DENIED

X _____ Date: _____

Reference: SOP Community Association Administrative Record Keeping