**WOODLANDS ESTATES HOMEOWNERS ASSOCIATION**
**Mail to Ameri-Tech Community Management, Inc. , 24701 US Hwy 19 N, Suite 102 , Clearwater, FL 33763**
**727-726-8000 Office / 727-723-1101 Fax**

Name:_____

Address:_____

Phone Number:_____ Email Address _____

**Proposed Alteration:**

1. Describe the alteration to be considered.
2. Attach a copy of the construction drawings for the improvements. For improvements which require a building permit, attach a copy of the construction documents as submitted to the Pinellas County Building Department.
3. Attach a survey or dimensioned site plan with the proposed construction location on lot.
4. Contractor must be licensed and insured.
5. All copies of permits must be submitted to the Association.

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CONTRACTOR ENGAGED:_____

STARTING DATE:_____ TO BE FINISHED BY:_____

ADJACENT PROPERTY OWNERS: By your signature you acknowledge that you have been informed of the proposed alteration and that you have no obligation. NOTE: While the signature of adjacent property owners **is not required** by the Covenants, it is in keeping with the good neighbor policy prevalent in the community and will assist the person(s) being called upon to approve the alteration. If a signature is not obtained by the one seeking approval, give the name(s) in the "name column" and the reason in the "signature column".

Name:_____ Signature _____

Name:_____ Signature _____

Name:_____ Signature _____

This form is to be submitted along with the sketch and specifications agreed upon with the contractor and/or a listing of the materials used. These will be copied. The original will be filed in the office with a copy returned to you. By submitting this Application, the applicant agrees that upon approval the alterations will be completed, without variation, from the approved plans.

Applicant Signature:_____ Date:_____

APPROVED_____ DISAPPROVED _____

Date:_____ Signed By:_____
(Authorized Signature)

Title:_____