

WATERFORD

COMMUNITY ASSOCIATION, INC.

Alteration Application

Name: _____ Email: _____

Property Address: _____ Contact Phone: _____

- You will receive written notification of your committee's determination within 30 days of the Association's receipt of this application. **Status updates are not available from management at any time.**
- If requesting approval for multiple alterations, each alteration must be submitted on a separate application.

PAINT using colors selected from Association's approved color palette. Garage Door must be same color as body of home.

Body of Home	Color # _____	Color Name _____
Trim	Color # _____	Color Name _____
Front Door	Color # _____	Color Name _____

OR describe any other alteration **AND** provide **all required supporting documentation indicated below.**

The following supporting documentation must be included or this application will be rejected!

- Lot Survey indicating exactly where alteration will occur on the lot
- Contractor Specification Sheet (if contracted) or you must show types, styles, colors, size/dimensions of materials
- Picture, Photo, Manufacturer Brochure, Vendor Information and detailed description of materials to be used
- Any/All additional documentation or information needed to fully describe the alteration

While the Association may grant approval for the requested alteration, the homeowner alone is responsible for seeking the required county/city permit(s). Some alterations require permit(s) from one or more county/city departments. The obligation to determine whether the requested improvement, alteration or addition complies with any applicable law, rule, regulation, code or ordinance is strictly the responsibility of the homeowner. Additionally, it is understood and agreed that the Association as well as McNeil Management Services, Inc. are not required to take any action to repair, replace or maintain any such approved change, alteration or addition, or any structure or any other property. The homeowner and its' assigns assumes all responsibility and cost for any addition or change and its future upkeep and maintenance.

- I understand that the Association will contact me in writing regarding their approval or denial of this request.
- I agree not to commence any alteration(s) until I have received written approval from the Association.
- If an alteration I perform is found NOT to be in compliance with community standards, I will return the property to its original, pre-alteration condition within thirty (30) days of written notification to do so.

HOMEOWNER SIGNATURE: _____ REQUEST DATE: _____

Please submit this completed application and required supporting documentation to the following:

SunVast Properties Inc
321 Interstate Blvd, Sarasota, FL 34240
Phone: (941) 378-0260 Fax: (941) 378-0322
Email: wfmanager34221@gmail.com

FOR ASSOCIATION USE ONLY

APPROVED _____ DENIED _____ DATE REVIEWED: _____

STIPULATION(s) or REASON(s): _____

AUTHORIZED SIGNATURE(s): _____

IF NOT STARTED by _____ and COMPLETED by _____ APPROVAL IS NULL AND VOID