## VILLA SERENO CONDOMINIUM ASSOCIATION

## ARCHITECTURAL REVIEW COMMITTEE REQUEST FOR UNIT MODIFICATION

Unit #	Unit Owner/s	Telephone #
Mailing Addr	ress if other than Villa Sereno:	
Sample mater that will comp	rials may be requested. Provide the nam	complete specifications including materials and colors.  the of the licensed, bonded, and insured contractor or firm as must be according to local and county building codes
Description o	of Modification	
Owner/s Sign	aature:	
Date		

All requests for modification/s are to be sent/given to: ALSOP Property Management, LLC. ATTN: Villa Sereno Condominium Association PO BOX 1389, ST. AUGUSTINE, FL 32085 Phone 904-647-2619

Unit #	Unit Owner/s	Telephone #
Your reques	et for modification has been reviewe	ed and has been:
Accepted:		
Conditions	<u>.                                    </u>	
In complian	ce with the ARC guidelines you mu	ast:
perfe 2. Noti facil 3. At th pre-	ormed. fy ALSOP Property Management, I itate a final inspection by the ARC. ne unit owners or builders' expense,	terminate the project and restore the affected area to its deviation from the approved request.
Tabled (exp	olanation):	
Denied (exp	planation):	
Date:		
ARC Comm	nittee members:	
Signature		Printed Name
Signature		Printed Name
Signature		Printed Name