

VILLA SERENO CONDOMINIUM ASSOCIATION

**ARCHITECTURAL REVIEW COMMITTEE
REQUEST FOR UNIT MODIFICATION**

Unit # _____ Unit Owner/s _____ Telephone # _____

Mailing Address if other than Villa Sereno:

Attach all working plans/blueprints, elevations, and complete specifications including materials and colors. Sample materials may be requested. Provide the name of the licensed, bonded, and insured contractor or firm that will complete the modification. All modifications must be according to local and county building codes with proper permits issued.

Description of Modification

Owner/s Signature:

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 request for modification has been reviewed and has been:

Accepted: _____

Conditions: _____

In compliance with the ARC guidelines you must:

1. Assume full responsibility and liability for any unforeseen consequences resulting from services performed.
2. Notify ALSOP Property Management, LLC when the modifications are completed in order to facilitate a final inspection by the ARC.
3. At the unit owners or builders' expense, terminate the project and restore the affected area to its pre- modification condition if there is a deviation from the approved request.
4. Convey this agreement to any subsequent owner.

Tabled (explanation):

Denied (explanation):

Date: _____

ARC Committee members:

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name