REQUEST FOR ARCHITECTURAL APPROVAL

This is a request form to be completed by the homeowner and submitted to the (BOD) Board of Directors for approval **BEFORE** any work commences.

Please complete in its entirety and mail to:

Melwood Oaks HOA., c/o Sunvast Management, 321 Interstate Blvd., Sarasota, FL 34240

Melwood Oaks Homeowners Assoc	DATE:
NAME:	LOT #:
ADDRESS:	
PHONE (HOME):	E-Mail:
DESCRIBE THE CHANGE/ADDITION/INSTALLATIO sidewalk/driveway pavers, etc.)	N: (i.e. pool, screen enclosure, patio, landscaping,
LOCATION: (ATTACH A COPY OF THE PLOT PLAN/ OR INSTALLATION – MUST BE PROVIDED) GIVE D	SURVEY SHOWING THE LOCATION OF THE ADDITION DESCRIPTION.
SPECIFICATIONS: (ATTACH A COPY OF THE PLAN	IS. DRAWING OR PICTURE – MUST BE PROVIDED)
DIMENSIONS:	
MATERIAL (S):	
COLOR (S):	
ESTIMATED TIME OF COMPLETION:	
UNDER THEIR EMPLOY, DIRECTION OR AUTHORI' areas does not occur or is corrected. ALL REQUESTS MUREGULATIONS AND OWNERS ARE RESPONSIBLE I	RESPONSIBLE FOR THE WORK/ACTION OF PERSONS TY. Please supervise the work to ensure that damage to common UST CONFORM TO THE LOCAL ZONING AND BUILDING FOR OBTAINING THE NECESSARY PERMITS IF YOUR
	RITE BELOW THIS LINE
REQUEST: DATE APPROVED	DATE DENIED
AUTHORIZED SIGNATURE:	
(BOD or Management) SIGNATURE:	
Comments or Conditions:	
DATE RECEIVED BY Sunvast: SEN	TT TO BOD: SENT TO H/O

Fax: 941-378-0322 Phone: 941-378-0260