



*Mandalay Homeowners Association, Inc.*

c/o Sunstate Association Management, Inc.

P.O. Box 18809, Sarasota, FL 34276

Office (941) 870-4920 Fax (941) 870-9652

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ARCHITECTURAL REVIEW REQUEST FOR MODIFICATION

DATE \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Performing Work: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Contractor \_\_\_\_\_

License Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_ and/or my representative hereby request approval to perform exterior work at the address listed above under the scope of work that was detailed.

Upon approval of my request for this modification, I/We will assume all liability for any damage incurred as a result of this modification as well as any additional maintenance costs that may be incurred. I also agree to obtain any permits that may be required by all governmental agencies for this modification.

Attached please find the following additional information:

- A sketch, including dimensions, of the proposed modifications.
- The location of the modification on my property and materials to be used.
- Color samples, if applicable.

Use additional sheets if necessary.

Owner(s) Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

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The above request for modification to Lot# \_\_\_\_\_ has been:

( ) APPROVED ( ) APPROVED WITH THE FOLOWING CHANGES ( ) DISAPPROVED

\_\_\_\_\_

DATE: \_\_\_\_\_ CHAIRPERSON ARC: \_\_\_\_\_

DATE: \_\_\_\_\_ BOARD OF DIRECTORS: \_\_\_\_\_