

WELLINGTON EDGE
----- PROPERTY ASSOCIATION, INC. -----

ARCHITECTURAL MODIFICATION APPLICATION

RESIDENT'S NAME: _____ PRIMARY PHONE #: _____

RESIDENT'S ADDRESS: _____ EMAIL: _____

DESCRIPTION OF ALTERATION, ADDITION, IMPROVEMENT, ETC.:

- LANDSCAPING FENCE PAINTING STRUCTURAL OTHER _____

APPLICATIONS MAY ONLY BE SUBMITTED BY A HOMEOWNER. THIS FORM MUST BE SUBMITTED TO THE MANAGEMENT COMPANY, ALONG WITH THE APPLICABLE PAPERWORK LISTED ON THIS APPLICATION, PRIOR TO BEGINNING WORK ON THE EXTERIOR OF YOUR HOME. NO WORK MAY COMMENCE UNTIL WRITTEN APPROVAL IS RECEIVED FROM THE ASSOCIATION.

CONTRACTOR(S) INFORMATION:

NAME OF COMPANY: _____ ADDRESS: _____

CONTRACTOR LICENSE #: _____ OCCUPATIONAL LICENSE #: _____

CONTRACTOR **MUST** PROVIDE A CERTIFICATE OF LIABILITY INSURANCE LISTING "WELLINGTON EDGE PA, 10851 W FOREST HILL BLVD., WELLINGTON, FL 33414" AS CERTIFICATE HOLDER.

APPLICATION CHECKLIST:

- | | |
|--|--|
| <input type="checkbox"/> SIGNED APPLICATION | <input type="checkbox"/> COPY OF PERMITS (IF APPLICABLE) |
| <input type="checkbox"/> COPY OF SURVEY WITH SKETCH OF CHANGES | <input type="checkbox"/> CERTIFICATE OF LIABILITY INSURANCE |
| <input type="checkbox"/> COPY OF CONTRACTOR'S LICENSE & CONTRACT | <input type="checkbox"/> PHOTOS OR PAINT SAMPLES (IF APPLICABLE) |
- PHOTO OF ROOF REQUIRED FOR PAINTING APPLICATIONS

ALL WORK MUST BE COMPLETED WITHIN 60 DAYS FOLLOWING THE APPROVAL DATE, OR A NEW APPLICATION MUST BE SUBMITTED. I UNDERSTAND THAT ASSOCIATION APPROVAL DOES NOT FULFILL ANY MUNICIPAL PERMITTING REQUIREMENTS. IN ADDITION, I UNDERSTAND THAT ANY WORK PERFORMED OUTSIDE THE SCOPE OF THIS APPROVAL IS SUBJECT TO DENIAL AND A FINE BEING LEVIED AGAINST MY ACCOUNT BY THE ASSOCIATION, AS ALLOWABLE BY FLORIDA STATUE.

HOMEOWNER'S SIGNATURE: _____ DATE: _____

ARCHITECTURAL REVIEW BOARD USE ONLY:

APPROVED DENIED APPROVED W/CONDITIONS: _____

ARB MEMBER'S SIGNATURE: _____ DATE: _____

ARB MEMBER'S SIGNATURE: _____ DATE: _____