

MILLPOND ESTATES SECTION 5 HOA
Request for Architectural Changes

RESIDENT NAME _____ DATE: _____

PROPERTY ADDRESS _____ PHONE: _____

OTHER ADDRESS _____ PHONE: _____

DOCUMENT CHECKLIST
(TO BE SUBMITTED AT TIME OF REQUEST)

Permit Specifications Building Plans

Details Vendor Information Photos

Brief description of alteration, improvement, addition,

Anticipated Completion Date _____

Contractor: _____

Address: _____

Certificate of insurance: _____

Occupational License# _____

Homeowner's Affidavit

I have read the deed restrictions and policies of Millpond V HOA and agree to abide by the same. No work will commence without the written approval of the Board of Directors. All work must commence within 180 days of the approval date.

It is the applicant's responsibility to comply with all county and state permit requirements for this project.

Signed: _____ Date: _____

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 Approved by the Board of Directors Date _____

Insufficient Information Date _____

Not Approved for the following Reason: Date _____

Please mail your request to:

COASTAL MANAGEMENT

P.O. BOX 1407

Port Richey, FL 34673

Email: Esther.coastalmanagement@gmail.com

Phone: 727 859-9734