

**PARK VILLAS NORTH CONDOMINIUM ASSOCIATION, INC.
REQUEST for ARCHITECTURAL APPROVAL**

NAME _____ ADDRESS: _____

Address _____ PHONE _____ DATE _____

Describe the proposed improvement: _____

ADJACENT NEIGHBORS APPROVAL:

NAME	ADDRESS:	SIGNATURE	OBJECT YES <input type="checkbox"/> NO <input type="checkbox"/>
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NAME	ADDRESS:	SIGNATURE	OBJECT YES <input type="checkbox"/> NO <input type="checkbox"/>
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If there are no objections, the Board of Directors will determine if the improvement is appropriate.

TWO COPIES OF THE FOLLOWING INFORMATION IS REQUIRED:

1. NATURE AND DESCRIPTION OF THE IMPROVEMENT AND WHERE LOCATED.
2. LOCATION WITHIN THE RESIDENCE OF THE IMPROVEMENT WITH ALL DIMENSIONS. ALSO INDICATE WHAT IS EXISTING & WHAT IS NEW.
3. CONSTRUCTION DETAILS OF STRUCTURE, IF APPLICABLE.
4. IF AN ANTENNA WHERE IT WILL BE LOCATED AND HOW IT WILL BE CONNECTED TO THE UNIT.

NOTES: Moving or changing "Load Bearing" walls is prohibited.
 Roof penetrations will NOT be allowed for antenna installations.

BOARD OF DIRECTORS

APPROVED: _____ DISAPPROVED: _____

CONDITIONS OF APPROVAL OR REASONS FOR DISAPPROVAL;

DATE: _____ SIGNATURE: _____

Board: