South Paula Point Condominium Association, Inc. Request for Exterior Addition or Modification

Request From:		Date:
Local Address:	Acct. #	Phone:
Email:	Cell Phone:	
	DOCUMENT CHECKLIS be submitted at time of req	
() Permit (() Details () Specifications) Vendor Information	() Building Plans () Photos
Brief Description of alteration	on, improvement, addition, e	etc.
Contractor:		
Address:		
Certificate of Insurance:		
Occupational License #:		
	Board of Directors. Work must	thout the written approval of the tone to commence within thirty (30) days
Signed:		Date:
ARCHITECTURA	AL CONTROL COMMITTEE REC	OMMENDATION
() Approved (
Signature:	Print Name:	
Signature:	Print Name:	
	Print Name:	
FOR THE BOARD OF DIRECTORS:		
Signature:	Print Name:	
PLEASE MAIL YOUR REQUES	<u>T TO</u> :	Received:
South Paula Point Condom	inium Association, Inc.	To ARC:
C/O MONARCH ASSOCIATION MANAGEMENT, INC.		Approved:
500 Alternate 19 South — Palm I (727) 204-4766 — <u>admin@mona</u>		Denied:
		Final Approval:

Revised 7/1/19