

Tyrone Fifth Avenue Apartments Condominium Association, Inc.
ARCHITECTURAL REVIEW APPLICATION

PLEASE COMPLETE AND RETURN THIS FORM FOR APPROVAL PRIOR TO COMMENCEMENT OF ANY WORK

MAIL To: Tyrone Fifth Avenue Apartments Condominium Association BOD
C/O AMERI-TECH PROPERTY MANAGEMENT, INC
6415 1st Avenue South, St Petersburg, FL 33707
PHONE 727-726-8000 FAX: 727-723-1101
svignery@Ameritechmail.com

PROPERTY OWNER: _____ DATE: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT) _____

PHONE: _____ FAX: _____ EMAIL: _____

- **ATTACH PAINT I COLOR SAMPLES, PLANS, PHOTOS AS NEEDED TO DESCRIBE MODIFICATION**
- **ALL NECESSARY GOVERNMENTAL PERMITS REQUIRED ARE A CONDITION OF APPROVAL**
- **ALL APPROVALS ARE SUBJECT TO INSTALLATION CONFORMING TO ASSOCIATION DOCUMENTS**

PLEASE DESCRIBE, IN DETAIL, THE ADDITION, CHANGE OR INSTALLATION TO BE REVIEWED BY THE BOARD OF DIRECTORS. ATTACH ADDITIONAL PAPERWORK IF NECESSARY.

OWNER SIGNATURE

FOR USE BY BOARD OF DIRECTORS

DATE RECEIVED _____ DATE To ARB _____ DATE To HOMEOWNER _____

THE ARB's DECISION ON THE PLANS SUBMITTED IS AS FOLLOWS, SUPPORTING DOCUMENTATION MAY BE ATTACHED TO THIS FORM:

- APPROVED (MUST CONFORM TO ASSOCIATION COVENANTS & RESTRICTIONS)
- PLANS INCOMPLETE, INFORMATION REQUESTED _____
- APPROVED WITH THE FOLLOWING CONDITION _____
- REJECTED. REASON _____

PLEASE RESUBMIT PLANS TO THE BOD WITHIN FOURTEEN (14) DAYS OF RECEIPT OF THIS NOTICE.
WORK MAY NOT COMMENCE UNTIL THE BOD HAS RENDERED A WRITTEN APPROVAL.

BY: _____ DATE: _____

BY: _____ DATE: _____

BY: _____ DATE: _____