TRA-VIGNE CONDOMINIUM ASSOCIATION, INC.

LANDSCAPING/ARCHITECTURAL MODIFICATION REQUEST

Date:

Unit Owner (applicant): **Building #:**

Home Phone No.: **Work #:**

SUBJECT BEING REQUESTED (Please describe in detail, include materials and colors used as well as size):

Please include the following:

- Name of company performing work:
- Certificate of Insurance
- Copy of the Occupational License
- Permits - Where applicable

****** Any expense incurred due to County code changes will be the responsibility of the applicant ******

DRAWING ATTACHED:
If no drawings are attached, please use the area provided on the reverse side of this form to sketch your improvements.

I/We hereby make application to the Board of Directors.

I/We understand that approval of our request MUST be granted before I/We can have the job started. I/We also acknowledge that we could be forced to have the item removed if it is installed without approval. I/We also acknowledge that this request is granted AS PRESENTED to the Board of Directors and must be completed as presented. Any changes MUST be approved by the Board of Directors in order for them to be accepted.

Signature of Applicant **Signature of Applicant**

Please return form and all information to:

Southwest Property Management Corporation
1044 Castello Drive, Suite #206
Naples, Florida 34103

**** If you have any questions, please call: (941)261-3440 ****

BOARD OF DIRECTORS:

APPROVAL: **DISAPPROVAL:**

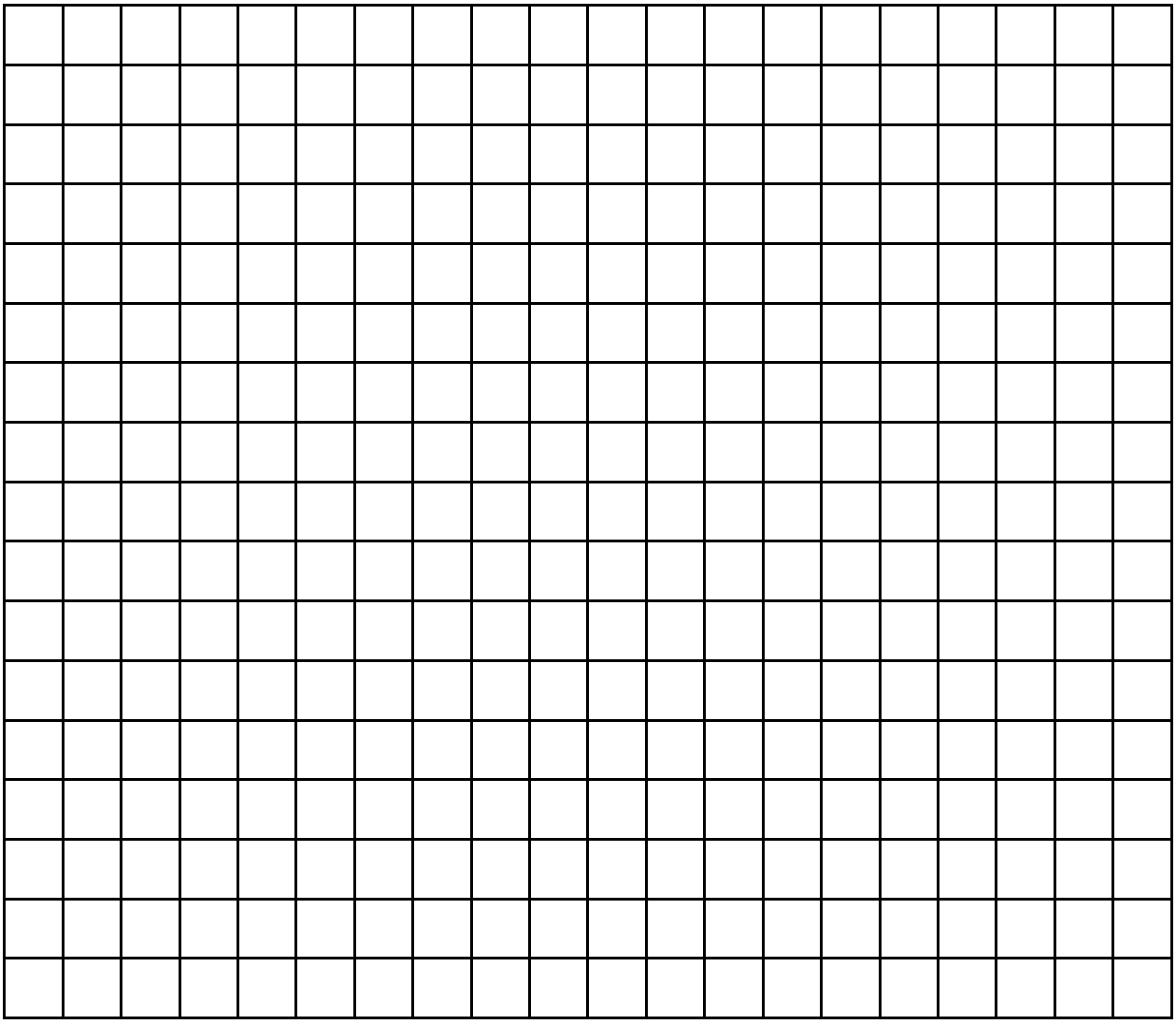
DATE:

COMMENTS:

TRA-VIGNE CONDOMINIUM ASSOCIATION, INC.

Landscaping/Architectural
Modification Request

Please sketch your improvements as much to scale and location to existing structures on the property.



Questions, please contact:
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