

**THIS FORM IS TO BE USED WHEN REQUESTING AN EXTERIOR CHANGE**

**REQUEST FOR REVIEW FOR ARCHITECTURAL MODIFICATION  
TO THE BOARD OF DIRECTORS: MOORS MASTER MAINTENANCE ASSOCIATION**

Submitted through your Sub Association: \_\_\_\_\_

FROM: Name \_\_\_\_\_

Property Address: \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Approval is hereby requested to make the following modification(s), alteration(s), or addition(s) as described and depicted below or on additional pages if necessary. (PLEASE INCLUDE SUCH DETAILS AS THE DIMENSIONS, MATERIALS, COLOR, DESIGN, LOCATION AND ANY OTHER PERTINENT DATA AND ATTACH A COPY OF ANY PLAN NEEDED) **You also must attach a copy of your LOT SURVEY** with the location of your proposed request marked thereon. Use a separate form for each modification request. All requests take up to 30 days to be approved. After receiving approval from the Association, notify the management office with the name of contractor and the date work is scheduled to commence to ensure access at the North Gate. Cement trucks will not be allowed access without prior authorization from the management office.

By your signature on the request form you agree not to hold the Association and/or any contractors they employ liable for any damages caused to these improvements. All damages caused to these improvements shall be the sole responsibility of and be repaired by the unit owner.

Future maintenance and/or replacement of Association approved architectural modification(s) / improvements will be the sole responsibility of the unit owner, please make future buyers aware of this condition. Owner is responsible for obtaining any necessary Building & Zoning permit.

Completion of project must occur within ninety days of approval or this approval is null and void.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

**(FOR OFFICE USE ONLY)**

SUB-ASSN: [ ] APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_  
          [ ] DISAPPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

MASTER  
ASSN: [ ] APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_  
      [ ] DISAPPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_