

SEASCAPE OF TARPON SPRINGS CONDOMINIUM ASSOCIATION, INC.

Request for Architectural Alteration

Resident Name: _____ Date: _____

Property Address: _____ Phone: _____

Other Address: _____ Phone: _____

Brief Description of the Request (window replacement, patio, screen door, landscaping, etc). Add addendum if applicable.

Contractor: _____ Occ. License #: _____

Start Date: _____ Anticipated Completion: _____

HOMEOWNERS AFFIDAVIT

No work will commence without the written approval of the board of directors.

Homeowner signature: _____ Date: _____

Approved by Quorum of the Board of Directors Date: _____

Board Member Signature

Board Member Signature

Board Member Signature

Board Member Signature

() Insufficient information; please resubmit Date: _____

() Not approved for the following reasons: Date: _____

You may mail your request to the address below; or you may give your request to a Board Member. Please allow a minimum of 10 days for approval.

Seascape of Tarpon Springs Condominium Association, Inc.
C/O Integrity Assoc. Mgmt
701 Enterprise Rd. E – Ste. 405
Safety Harbor, FL 34695