

SEMINOLE SQUARE ASSOCIATION, INC.

ARCHITECTURAL IMPROVEMENT APPLICATION/REVIEW FORM BOARD APPROVAL IS REQUIRED PRIOR TO COMMENCEMENT OF ANY WORK

NAME: _____ DATE: _____

UNIT NUMBER: _____ CONTACT PHONE (1) _____ (2) _____

EMAIL: _____

DESCRIPTION OF PROPOSED IMPROVEMENT/ALTERATION: YOU MUST ATTACH DRAWINGS OR SPECIFICATION OF PRODUCTS, WORK OR CHANGES. OWNER IS RESPONSIBLE FOR OBTAINING ANY AND ALL PERMITS REQUIRED BY LAW:

IF NOT COMPLETED WITHIN 6 MONTHS OF APPROVAL DATE SAID APPROVAL IS RESCINDED AND THE OWNER MUST RESUBMIT THIS APPLICATION FOR RECONSIDERATION.

IN ORDER TO CLOSE THE FILE OWNER MUST SUBMIT A COPY OF PERMIT AND/OR BUILDING INSPECTION SHOWING THE APPROVED/COMPLETION DATE OR, ARRANGE FOR A FINAL INSPECTION WITH THE MANAGEMENT COMPANY OR AUTHORIZED REPRESENTATIVE WITHIN THIRTY (30) DAYS OF THE ESTIMATED COMPLETION DATE.

KEEP THIS FORM AND ALL ATTACHMENTS AND MAKE THEM A PART OF YOUR ASSOCIATION DOCUMENTS. IT IS REQUIRED THAT YOU PROVIDE THIS INFORMATION TO ANY SUBSEQUENT OWNER OF THIS PROPERTY.

DELIVER OR MAIL THIS APPLICATION AND ALL APPLICABLE ATTACHMENTS TO AMERI-TECH COMMUNITY MANAGEMENT, INC.

AMERI-TECH COMMUNITY MANAGEMENT, INC.
24701 US HWY 19 N, SUITE 102
CLEARWATER, FL 33763

FOR COMMITTEE USE ONLY

Date Property Inspected: _____ Inspected By: _____

Board Meeting Date: _____ Approved _____ Denied _____

Terms/Contingency:

Board Member Signature, Title
(Revised 4/2024)

Date

Arnie Holder, LCAM
Community Association Manager
aholder@ameritechmail.com