

**ARCHITECTURAL CHANGE REQUEST
THE GABLES CONDOMINIUM ASSOCIATION**

Ameri-Tech Community Management, Inc.
24701 U.S. Highway 19 N, Suite 102
Clearwater, FL 33763

NAME: _____ UNIT NO: _____ PHONE: _____

EMAIL: _____

RESIDENT'S SIGNATURE: _____ DATE: _____

PROPOSED ALTERATION:

- (1) Describe the alteration to be considered on a separate sheet of paper and attached to this form;
- (2) Attach photo or rendering along with specifications from contractor who will perform the work;
- (3) Once approved; prior to any work being started, Ameri-Tech Community Management, Inc. must receive copies of required permits, contractor insurance information and contractor's license.

Note: Contractor or Builder's business signs are not permitted.

CONTRACTOR ENGAGED _____

STARTING DATE: _____ TO BE FINISHED BY: _____

Remarks: _____

APPROVED__ DISAPPROVED_____(If disapproved give reasons on the reverse side)

_____ Date: _____

_____ Date: _____

Once approved, prior to commencement of any work, please submit copies of Contractor's Insurance & License(s) as well as required Permits to Ameri-Tech Community Management, Inc.

Please describe change or alteration on an attached sheet of paper and if door or window alternation, send a picture (this can be from a brochure you get from the window / door company)