

**Eastwood Shores No. 4 Condominium Association, Inc.
Architectural Approval Request**

Sent to Property Manager: ___/___/___ Received by Property Manager: ___/___/___

Submitter: _____/_____/_____
 Printed Name Signature Date

If submitter not owner, owner's name and phone number:

Unit Address: _____ Phone # _____

Requests approval from the Condominium Board to make the following alterations:

- _____ Screen Enclosure Around Patio
- _____ Exterior Front Door
- _____ Patio Sliding Door _____ Number of Patio Sliding Doors
- _____ Windows Replaced including Frames and Glass _____ Number of Windows
- _____ Hurricane Clear Window Film _____ Number of Windows
- _____ Hurricane Shutters _____ Number of Windows and Patio Doors
- _____ Other: _____

For each request, attach vendor name, address & phone number. Include vendor drawing, specifications including color & type of material, etc.

_____ Target Date for Vendor to start and any other pertinent details:

Allow up to three weeks for processing.

BOARD ACTION:

Received: ___/___/___

Approved by: _____
 Name Title Date