

After approved deliver for filing to:

Wedgewood Homeowners Association

2801 Wedgewood Dr.

ARCHITECTUAL CHANGE

Plant City, FL 33566

REQUEST FORM

PLEASE PRINT IN BLACK INK

NAME _____

ADDRESS _____

LOT# _____ PHONE NUMBER _____

CONTRACTOR _____

REQUEST _____

DETAILS _____

ESTIMATED START/COMPLETION DATES _____ / _____

(REQUEST NOT COMPLETED WITH 90 DAYS MUST BE RESUBMITTED FOR APPROVAL)

By my signature below, I acknowledge that I have read the Declaration of Covenants and Restrictions and will comply with all regulations set forth therein. I accept financial responsibility for any damage from work performed, plus responsibility to clean up the area from any work. I also understand that regular maintenance, as normal in Wedgewood and/or replacement, in kind and equivalent size, of any improvement is my responsibility in accordance with the Declaration of Covenants and Restrictions.

Owners Signature

Date Requested

You may show that the neighbors who would have a direct view of or be affected by this change are aware of your request by having them sign below. This is not required by the documents set forth but is only a courtesy to those parties. This may also assist the Committee in their decision.

1. _____ Date: _____

2. _____ Date: _____

3. _____ Date: _____

4. _____ Date: _____

ARCHITECTURAL COMMITTEE REVIEW

☐ Approved

☐ Disapproved

Date: _____