Walsingham Apartments, Inc.

ALTERATION APPLICATION

Owner's Name:	Date:
Address:	Phone:
Describe in detail, type of alteratio	and materials to be used:
(If more space is required, please a	tach to this form. Thank you.)
building and is, therefore, comm	If for any alteration that occurs outside the exterior walls of the on element, MUST BE ACCOMPANIED BY A SKETCH INDICATING INSTRUCTION AND OTHER PERTINENT INFORMATION AS MAY BE
A building permit from the approprimprovements. The Board of Dire	e construed to cover approval of any County or City Code Requirements into building department is needed on most property alterations and/or ctors shall have no liability or obligation to determine whether such on comply with any applicable law, rule, regulation, code or ordinance.
basic structure, the applicant, their	gapproval of any request for a change, alteration or addition to an existin nires and assigns thereto, hereby assume sole responsibility for the repai r such change, alteration, or addition.
AMERI-TECH MANAGEMENT, INC. I REPAIR, REPLACE OR MAINTAIN AN ADDITION, OR ANY STRUCTURE OR	IAT WALSINGHAM APARTMENTS, INC. AND T AL, ARE NOT REQUIRED TO TAKE ANY ACTION TO Y SUCH APPROVED CHANGE, ALTERATION OR ANY OTHER PROPERTY. THE HOMEOWNER AND ITS' ASSIGNS ASSUMES FOR ANY ADDITION OR CHANGE AND ITS FUTURE UPKEEP AND
DATE:	OWNER'S SIGNATURE:
ACTION TAKEN BY THE ASSOCIATIO	N:

NOT APPROVED

This application is good for 90 days from date of approval

APPROVED:

MANAGEMENT COMPANY:

Ameri-Tech Community Management 24701 us Highway 19 North Suite 102 Clearwater, FL 33763 Manager: Corey Palmer 727-726-8000 ext. 357 CPalmer@ameritechmail.com

AUTHORIZED SIGNATURE FOR THE BOARD OF DIRECTORS

DATE: