

SHADOW RUN COMMUNITY ASSOCIATION, INC.
c/o Ameri-Tech Community Management, Inc.
24701 US Highway 19 N, Suite 102, Clearwater, FL 33763
(727) 726 – 8000

ARCHITECTURAL CHANGE REQUEST FORM

LOT # _____ **Phone #** _____

NAME: _____ **Address:** _____

(Please Print)

Proposed Alteration(s):

1. Describe the alteration(s) in detail – size, color, etc...
2. Attach a sketch and survey (site plan) along with contractor’s specifications.

All improvements must be in compliance with Pasco County Building Codes & Regulations.
Compliance is the responsibility of the owner.

Declarant and Association shall not be liable for any claim, loss, damage, or whatsoever arising from the improvements being made to the home.

Agreed to this _____ day of _____, 20_____

By: _____ By: _____
(Owner’s Signature) (Owner’s Signature)

Print Name: _____ Print Name: _____

REMARKS / ADDITIONAL COMMENTS by BOARD: _____

APPROVED _____ **APPROVED with REMARKS...** _____ **DISAPPROVED** _____

SHADOW RUN COMMUNITY ASSOCIATION, INC.

Board Sign: _____ Date: _____

Board Print: _____

Additional Board Signatures: _____