Queen Anne Gate Homeowners' Association, Inc.

Request for Addition or Modification

Request From: _____ **Date:**_____

Local Address: _____ **Acct. #**_____ **Phone:**_____

Email Address: _____ **Phone:**_____

- - - DOCUMENT CHECKLIST - - -

(To be submitted at time of request)

( ) Permit	( ) Specifications	( ) Building Plans
( ) Details	( ) Vendor Information	( ) Photos

Brief Description of alteration, improvement, addition, etc.

_____

_____

Contractor: _____

Address: _____

Certificate of Insurance: _____

Occupational License #: _____

- - - HOMEOWNER'S AFFIDAVIT - - -

I have read the Deed Restrictions and Policies Queen Anne Gate HOA and agree to abide by same. No work will commence without the written approval of the Architectural Review Committee/Board of Directors.

Signed:_____ **Date:**_____

ARCHITECTURAL CONTROL COMMITTEE RECOMMENDATION

( ) Approved ( ) Denied **Date:** _____

Signature: _____ **Print Name:** _____

Signature: _____ **Print Name:** _____

Signature: _____ **Print Name:** _____

FOR THE BOARD OF DIRECTORS:

Signature: _____ **Print Name:** _____

Queen Anne Gate Homeowners' Association, Inc.
C/O MONARCH ASSOCIATION MANAGEMENT, INC.
500 Alt. 19 South - Palm Harbor, FL 34683
(727) 204-4766 –Cindy@MonarchAM.com

Received _____
To ARC _____
Approved _____
Denied _____
Final Approval
_____