

**COUNTRYSIDE AZALEA CONDOMINIUM ASSOCIATION**

**Request for Architectural Changes**

Request From: \_\_\_\_\_  
Local Address: \_\_\_\_\_  
Other Address: \_\_\_\_\_

Date: \_\_\_\_\_  
Phone: \_\_\_\_\_  
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 of Countryside Azalea Condominium Association and agree to abide by same. No work will commence without the written approval of the Board of Directors.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

- Approved by the Board of Directors                      Date: \_\_\_\_\_
- Insufficient information; please resubmit                      Date: \_\_\_\_\_
- Not approved for the following reasons:                      Date: \_\_\_\_\_

PLEASE MAIL YOUR REQUEST TO:

Or Email: [Cindy@monarcham.com](mailto:Cindy@monarcham.com)

Countryside Azalea Condominium Assn.  
c/o Monarch Association Mgmt  
500 Alt US 19 South  
Palm Harbor, FL 34683