

STARLIGHT TOWERS ASSOCIATION, INC.
REQUEST FOR REVIEW OF ARCHITECTURAL MODIFICATION

Owner's Name: _____

Street Address: _____

Day Phone # () _____ Evening Phone # () _____

Approval is hereby requested to make the following modification(s), alteration(s), or addition(s) as described and depicted below or on additional pages as necessary. Please include such detail as the dimensions, materials, color, design, location and other pertinent data.

I understand and will comply to:

1. That if the modification is not completed as approved, said approval can be revoked and the modification will be required to be removed by the owner at the owner's expense.
2. That I am responsible to pay for and repair any and all damage done to the common areas as a result of an installation.
3. To comply with the state, county, or city building codes and to obtain all necessary permits if applicable.
4. To abide by the decision of the Architecture Review Committee or the Board of Directors.
5. That if the modification is not approved or does not comply, I / we may be subject to court action by the Association and that I / we shall be responsible for all reasonable for all attorney's fees.

Date of Request

Signature of Homeowner

Date Received _____ () Approved Comments _____
Date Notified _____ () Disapproved _____

Board of Directors