

ARCHITECTURAL CHANGE FORM

Las Casitas Homeowners Association, Inc.
c/o Triton Property Management
175 Toney Penna Drive # 207
Jupiter, FL 33458
561-250-6565

Name of Applicant/Homeowner Address of Unit

Address of Applicant (if different) Date of Application

Telephone Number

E-mail Address (Please Print)

Please complete the following application to submit to the Board of Directors of Las Casitas Homeowners Association Inc. along with a copy of any architectural drawings, permitting information, and a brief description of the construction plans. Please allow 30 days for a written response from the Board of Directors and the Management Company. PLEASE NOTE: ALL HOUSE PAINT COLOR CHANGES MUST BE APPROVED BY THE VILLAGE OF WELLINGTON.

Description of Addition, Improvement, Modification, Etc.: _____

Has this project been approved by the Village of Wellington: _____

And/or the POA? _____ (If yes applicable, please provide copies of such documents).

Contractor or vendor's name: _____

The undersigned acknowledges that they have read and understand this application. They also understand that until a signed approval is received, no work is to be started.

Applicants Signature _____

Additional Conditions of Approval: _____

Application is rejected: _____

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_____	_____	Approved	_____	Rejected
Committee Member Signature	Date			

_____	_____	Approved	_____	Rejected
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_____	_____	Approved	_____	Rejected
Committee Member Signature	Date			