WATERFORD SOUND HOA ARCHITECTURAL CHANGE FORM

Home Owner Name:			_ Address: _ Email:		
Description of Proposed Alter	ation, Chang	-		Color/Deint	_ [
Screen EnclosureConcrete PatioFence		Door/Window Covered Patio Walkway		Color/Paint Pool Roof	∟ Other
General Description:					
Estimated Start Date:	Estimated Completion:				
Contractor:	Contractor Phone:				

INCLUDE: Drawings, renditions, layout, details, pictures as needed to show changes.

CERTIFICATION: I understand approval of the above changes by the Waterford Sound Homeowners Association Architectural Review Board does not relieve me of the responsibility for obtaining necessary Building Permits, Variances, and observing all local zoning ordinances. If approved, I agree to make the changes under the terms and conditions specified in the letter of approval. All changes will be on my property or property lines. If any portion of the Association's property is disturbed or damaged by my contractor, agent, or myself, I agree to restore the Association's property to its original condition at my expense.

Email Requests or questions to: wsarb@waterfordsoundhoa.com

Applicant Signa	ture:	Date:
	BELOW SECTION	FOR REVIEW BOARD ONLY
Denied:	Reason:	
Approved: Approval Requi	rements:	
ARB Approval:	Board Director: Committee Member:	Date: Date:
	Committee Member:	Date:

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ArchitecturalChangeApprovalForm 05.04.25