

Gullway Villas Architectural Request Form

Page 1 – Homeowner & Project Overview

Homeowner Information

Homeowner Name(s): _____

Property Address: _____

Lot / Unit Number: _____

Phone Number: _____

Email Address: _____

Proposed Change (Brief Description)

Please provide a concise summary of the requested architectural change.

Project Timeline

Proposed Start Date: _____

Estimated Completion Date: _____

Acknowledgment

I understand that no work may begin until written approval is received from the Gullway Villas Architectural Committee. I agree to complete the project exactly as approved. Any changes require resubmission and approval prior to implementation.

Homeowner Signature: _____ Date: _____

Contractor Information (if applicable)

Contractor / Company Name: _____

Contact Person: _____

Phone Number: _____

License Number: _____

*Please provide a Certificate of Insurance naming ***Gullway Villas*** as an additional insured.*

Attachments (check all that apply)

☐ Architectural drawings or sketches ☐ Site drawings ☐ Material specifications ☐ Color samples / paint chips ☐ Photos of existing area ☐ Contractor proposal ☐ Certificate of Insurance

Architectural Committee Use Only

Date Received: _____

Committee Review Date: _____

Decision:

- ☐ Approved
☐ Approved with Conditions
☐ Denied

Conditions / Comments:

Committee Representative Signature: _____

Date: _____