

Willow Springs Homeowners Association, INC. (WSHA)

Managed by KEYS-CALDWELL, INC. 1162 Indian Hills Blvd., Venice, FL. 34293

Telephone (941) 408-8293 Fax: (941) 408-8664

**Willow Springs Homeowners  
Association Request For  
Architectural Modification**

Owner: \_\_\_\_\_

Lot #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Terms and Conditions**

1. The unit owner assumes full responsibility for maintenance of the modifications herein described, and holds the Association harmless from any liability or damage to the subject property as a result of this modification. All work is to be at the unit owner's expense. This request is subject to obtaining all applicable county building permits.
2. Any damage to the Irrigation System, GTE, FPL, Verizon or Cable TV lines will be at the owner's expense.
3. The project must begin within 60 days of approval.
4. The owner shall notify the Architectural Chairman upon completion of this project.
5. The Association reserves the right to inspect the completed project to ascertain compliance with this request.
6. The owner (by signing this approval request form) agrees to comply with all the by-laws of the Association and requirements on this request form.

Approval is hereby requested to make the following modifications, alterations or additions as described below or on additional attached pages if necessary. Please include details such as dimensions, materials, color, design, location and any other pertinent data.

Owner's Signature: \_\_\_\_\_

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

Date Received: \_\_\_\_\_ Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Notified: \_\_\_\_\_

Chairman: \_\_\_\_\_ President: \_\_\_\_\_

Return this completed application in triplicate to the Chairman of Architectural Committee or place in the **Architectural Box located in the Mail Center** by the second Friday of the month and it will be acted upon at the next regularly scheduled Board Meeting.