

**CALEDON SHORES CONDOMINIUM ASSOCIATION, INC.**  
**C/o Elliott Merrill Community Management**  
**835 20<sup>th</sup> Place, Vero Beach, FL 32960**  
**Ph: (772) 569-9853; Fax: (772) 569-4300**  
[www.elliottmerrill.com](http://www.elliottmerrill.com)

**ARCHITECTURAL MODIFICATION**  
**REQUEST FOR REVIEW**

OWNER'S NAME: \_\_\_\_\_

CALEDON SHORES ADDRESS: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

EVENING PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Owner*

\_\_\_\_\_  
*Date of Request*

**CONTRACTOR INFORMATION**

CONTRACTOR COMPANY NAME: \_\_\_\_\_

CONTRACTOR PHONE NUMBER: \_\_\_\_\_

CONTACT NAME AND NUMBER: \_\_\_\_\_

***COPY OF CONTRACTOR'S LICENSE AND INSURANCE MUST BE ATTACHED TO THIS ARCHITECTURAL  
MODIFICATION FORM***

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FOR CALEDON SHORES USE ONLY:

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

☐ APPROVED

☐ DISAPPROVED

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

Comments:

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\_\_\_\_\_  
*Signature*

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**PLEASE RETURN DIRECTLY TO THE OFFICE OF**  
**Elliott Merrill Community Management**  
**835 20<sup>th</sup> Place**  
**Vero Beach, FL 32960**  
**772-569-9853 (P)/772-569-4300 (F)**  
**email: [cheric@elliottmerrill.com](mailto:cheric@elliottmerrill.com)**  
**[www.elliottmerrill.com](http://www.elliottmerrill.com)**