

**SPINDRIFT CONDOMINIUM ASSOCIATION
APPLICATION FOR ARCHITECTURAL REVIEW**

TO: SPINDRIFT ARCHITECTURAL REVIEW COMMITTEE

OWNER _____

ADDRESS _____ UNIT _____

TYPE OF IMPROVEMENT/MODIFICATION

INTERIOR REMODELING: _____

GUTTERS: _____ SHUTTERS: _____

SCREEN ENCLOSURE ENCLOSURE: _____ OTHER: _____

NOTE: Sample of color, material, or renderings and dimensional drawings (height, width, length, elevation, setbacks) must be submitted where applicable to above.

TO WHOM IT MAY CONCERN:

Please be advised that we are requesting review and approval of the indicated modifications/alterations on the above-captioned property. (Please provide further detail, if necessary, or attach your contractor's quote)

Sincerely,

DATE: _____ OWNER SIGNATURE: _____

ARC APPROVAL/COMMENTS

DATE _____

Signature: ARC Member _____

COMMENTS:

