

**Eastwood Shores Townhomes Condominium Association, Inc.**  
**Window Specification Approval Form**

I (owner) \_\_\_\_\_, Unit # \_\_\_\_\_ agree to the following window specifications and agreement with Eastwood Shores Townhomes:

- All windows must first be approved by the Board of Directors.
- Unit owners must provide the Board with a detailed window plan that includes drawings or pictures and specifications.
- No window installation shall interfere with or cause any damage to any property common or limited to the Association.
- Windows shall be of the aluminum construction and be white/mill in color.
- Glass must be clear. No reflective tint allowed.
- Project must be completed within 90 days of estimated start date.
- Estimated starting date \_\_\_\_\_.

I understand that I am solely responsible for the installation and upkeep of the proposed window installation. If the installation is improper the Board of Directors has the authority to direct me to repair the windows at my expense. The work must be completed by the date stated in the letter that such action is necessary. If I fail to comply, the Board of Directors has the authority to contract out the work, and I agree to sole responsibility for billing and payment of such work. If I sell this unit, I have the sole responsibility to advise the new owner(s) of this agreement and by purchasing the unit the new owner(s) are liable to the terms of this agreement.

I have submitted plans to the Board of Directors on \_\_\_\_\_ (date) to be approved at the next Board of Directors meeting.  
 The contractor completing the work is:

**Name:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Insurance Co:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**FL License #:** \_\_\_\_\_  
**Policy #:** \_\_\_\_\_

\_\_\_\_\_  
 Unit Owner Signature

\_\_\_\_\_  
 Date

**Board Approval**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Eastwood Shores Townhomes Condominium Association, Inc.**  
**Patio Enclosure Specification Approval Form**

I (owner) \_\_\_\_\_, Unit # \_\_\_\_\_ agree to the following patio enclosure specifications and agreement with Eastwood Shores Townhomes:

- All patio enclosures must first be approved by the Board of Directors.
- Unit owners must provide the Board with a detailed enclosure plan that includes drawings or pictures and specifications.
- No enclosures shall interfere with or cause any damage to any property common or limited to the Association.
- Enclosures shall be of the aluminum construction and be brown / bronze in color.
- Enclosures must aluminum flashing wherever the enclosure comes in contact with any other structure.
- No object or fixture shall protrude from the outer surface of the patio enclosure, unless approved by the Board of Directors.
- Doors, windows and screens must be of type made for such enclosure.
- Glass must be transparent on bronze tint. No reflective tint allowed.
- Project must be completed within 90 days of estimated start date.
- Estimated starting date \_\_\_\_\_.

I understand that I am solely responsible for the installation and upkeep of the proposed patio enclosure. If the installation is improper or I fail to maintain the proposed patio enclosure, the Board of Directors has the authority to direct me to remove or repair the enclosure at my expense. The work must be completed by the date stated in the letter that such action is necessary. If I fail to comply, the Board of Directors has the authority to contract out the work, and I agree to sole responsibility for billing and payment of such work. If I sell this unit, I have the sole responsibility to advise the new owner(s) of this agreement and by purchasing the unit the new owner(s) are liable to the terms of this agreement.

I have submitted plans to the Board of Directors on \_\_\_\_\_ (date) to be approved at the next Board of Directors meeting.

The contractor completing the work is:

**Name:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**FL License #:** \_\_\_\_\_

**Insurance Co:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

\_\_\_\_\_  
Unit Owner Signature

\_\_\_\_\_  
Date

**Board Approval**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date