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

I (owner) ______, Unit # _____ agree to the following

vood Shores Townhomes:	
etailed window plan that includes drawings or cause any damage to any property common or on and be white/mill in color.	
Board of Directors has the authority to direct me must be completed by the date stated in the lemply, the Board of Directors has the authority onsibility for billing and payment of such work. Individual advise the new owner(s) of this agreement and to the terms of this agreement.	e to tter y to If I d by
Address	
FL License #:	
Policy #:	_
Date	
Approval	
Date	
<u> </u>	
	Policy #: Date

Eastwood Shores Townhomes Condominium Association, Inc. Patito-Enclosure Specification Approval Form

I (owner)	, Unit # agree to the following patio
enclosure specifications and agreement w	ith Eastwood Shores Townhomes:
 All patio enclosures must first be appro Unit owners must provide the Board w pictures and specifications. 	oved by the Board of Directors. ith a detailed enclosure plan that includes drawings or
·	use any damage to any property common or limited to
	onstruction and be brown / bronze in color. Derever the enclosure comes in contact with any other
 No object or fixture shall protrude from approved by the Board of Directors. 	n the outer surface of the patio enclosure, unless
 Doors, windows and screens must be of Glass must be transparent on bronze to Project must be completed within 90 do Estimated starting date	int. No reflective tine allowed. ays of estimated start date.
Board of Directors has the authority to di The work must be completed by the date to comply, the Board of Directors has the responsibility for billing and payment of s to advise the new owner(s) of this agree liable to the terms of this agreement.	r or I fail to maintain the proposed patio enclosure, the rect me to remove or repair the enclosure at my expense. It is stated in the letter that such action is necessary. If I fail the authority to contract out the work, and I agree to sole such work. If I sell this unit, I have the sole responsibility ement and by purchasing the unit the new owner(s) are rectors on (date) to be approved at the next
Name:	Address:
City, State, Zip:	
Contact:	FL License #:
Insurance Co:	Policy #:
Unit Owner Signature	Date
Į.	Board Approval
Signature	Date
Signature	

Eastwood Shores Townhomes Association

Skylight Responsibility

I(Print Name)	, Unit #
Understand that I am solely responsible responsibility for any damage to the installation and existence of my Skyligh	building or water leaks due to the
(Unit Owner Signature)	Date
Board Ap	proval
(Signature / Title)	Date
(Signature / Title)	Date

Eastwood Shores Townhomes Condominium Association, Inc. <u>Trash Can Enclosure Specification Approval Form</u>

I (owner)	
receptacle enclosure specifications and agreemer	nt with Eastwood Shores Townhomes:
All Trash Can enclosures must first be approve	ed by the Board of Directors.
 Unit owners must provide the Board with a de pictures and specifications. 	tailed enclosure plan that includes drawings or
 No enclosures shall interfere with or cause any the Association. 	y damage to any property common or limited to
• Enclosures shall be of the same material and	painted the same color as the patio fencing.
Enclosures must have locking capabilities.No object or fixture shall protrude from the output	uter surface on the enclosure, unless approved by
the Board of Directors.It is the owners' ongoing responsibility to ensure	ure the enclosure is maintained, clean and free of
trash. • Project must be completed within 30 days of 6	estimated start date
Estimated starting date	Still details
responsibility for billing and payment of such wo to advise the new owner(s) of this agreement iable to the terms of this agreement. I have submitted plans to the Board of Directors Board of Directors meeting.	ority to contract out the work, and I agree to sole rk. If I sell this unit, I have the sole responsibility and by purchasing the unit the new owner(s) are on (date) to be approved at the next
The contractor completing the work is:	Address:
City, State, Zip:	Telephone:
Contact:	FL License #:
Insurance Co:	Policy #:
Unit Owner Signature	Date
Board A	Approval
Signature	
	Date
	Date
Signature	Date