Architectural/Landscaping Modification Request Whispering Woods Homeowners Association Inc., of Pinellas County

Revised 4/18/2018

All necessary governmental Permits must be obtained and ALL construction must be to "code".

Unit:	, Whispering Way	, Tarpon Springs FL 34689
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Owner:			

Mailing address if different: Street _____

City, St, Zip _____

Exterior Addition, Alteration, or Improvement Modification

Deck () Patio ()) Windows ()) Front Door (() Garage Door () Other (()
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Brief Description, including paint or trim color(s), attach plans, drawings, etc.

Permit Required: Yes () NO () Decks, Windows and Doors require a Pe	ermit which must be attached
Contractor Information if applicable:	Occupational License:
Company Name	
Street	

City, St, Zip

I have read and agree to abide by the Whispering Woods Homeowners Association Inc., of Pinellas County (Association) Declaration and ByLaws, Rules, Restrictions, Responsibilities and Remedies, I further agree that no work will be commenced without the approval of the Association.

Signature _		
Print Name	Date	

Association Review Status:

Approved () Disapproved () Returned for Additional Information (

Date:_____

All approvals for improvement or modification of the properties are valid for six months from the date of approval and must be completed before expiration.