## THE TRAILS SOUTH FORTY HOMEOWNERS ASSOCIATION, INC.

## 75 South Forty Trail, Ormond Beach, FL 32174

Phone Number: 386-677-1381 Southfortyhoa1@gmail.com

## **ARCHITECTURAL REQUEST FOR MODIFICATION**

Homeowner:		Lot #
Street Address:		
		ress:
Requests must be submitted fo	r approval and MUST conform to	the covenants and restrictions of our association.
Request for modification:		
Provide all information necessa	rry to evaluate your request. Inclu	ude details, plan, pictures (if applicable) and any other nity. <b>(List color and make of shingles for roof.)</b>
Estimated start date:	Finish date:	Work performed by:selfcontractor
If Contractor, provide name, co	ntact phone number and copy of	license and current insurance:
		Date:
Control Committee has been re the covenants and restrictions	ceived by me. I request and warr of our association. I also understa	ence until written approval from the Architectural rant that the requested change shall strictly conform to and that I am solely responsible for complying with the
city and county regulations rela	iting to the requested modification	ns.

No Directors, Officers or Committees of The Trails South Forty Homeowners Association Inc. or their respective members, successors, assigns, agents, representatives or employees shall be liable for damages or otherwise to anyone requesting approval of the architectural alteration by means of mistakes in judgement, negligence or non-feasance arising out of any action with respect to any submission. The Architectural Control Committee is directed toward review and approval of the planning, appearance and aesthetics. None of said Committee, Association Officers or Directors assumes any responsibility regarding design or construction, including without limitations, the structural integrity, mechanical or electrical design, method of construction, or technical stability of materials. I hereby release and covenant not to sue the Association, its Directors, Officers or Committees from/for any claims or damages regarding this request to the approval of denial thereof.

Owners Signature:	Date:		
Architectural Control Committee recommendation:	Approved	Disapproved (reason on back)	
Chairman Signature:		Date:	
Secretary Signature:		Date:	_
REVISED HOA-06 REV. 2, 8/2022			