

PAINT ALTERATION APPLICATION HOMEOWNER

Mail to Management and Associates. 720 Brooker Creek Blvd, Suite 206, Oldsmar, Florida 34877

Office: (813)-433-2007 fax: (813) 433-2040

Name: _____

e-mail*: _____

Address: _____

Phone Number: _____

Association: BRIDLEWOOD

Option 1:

Will be painting the house with the same colors. By checking this box to say you will paint the exact same colors on your house. By policy, the request is approved and you do not have to wait for approval to proceed. If the box is not checked, proceed to the next section. **Current Paint Colors:** House color: _____ Trim color: _____; or submit a picture of the current house colors.

Option 2:

New Proposed Paint Colors:

House color: _____

Trim color: _____

Below, describe any other accent colors and locations or other comments.

1. Attach paint chip colors, or identify colors that can be looked up at the paint supplier website.
2. Contractor must be licensed and Insured,

CONTRACTOR ENGAGED: _____ or Self

STARTING DATE: _____ TO BE FINISHED BY: _____

This form is to be submitted along

with the sketch and specifications agreed upon with the contractor and/or a listing of the materials used. These will be copied. The original will be filed in the office with a copy returned to you. By submitting this Application, the applicant agrees that upon approval the alterations will be completed. without variation, from the approved plans.

Applicant Signature*: _____ Date: _____

For office use

_____APPROVED _____DISAPPROVED

Date: _____ Signed By: _____

(Authorized Signature)

Title: _____