

**TAMERLANE HOMEOWNERS ASSOCIATION
ARCHITECTURAL REVIEW COMMITTEE**

ARCHITECTURAL MODIFICATION FORM

Please fill out the form below and submit it to the property manager. The Architectural Review Committee will review and communicate a decision or request for more information within seven (7) business days. Please attach all the necessary supporting documentation (samples of materials, drawings, site plans, product specifications, etc.) All modifications must be done according to local building codes and with the proper city/county permits.

HOMEOWNER INFORMATION

Name: _____

Phone: _____

Email: _____

Fax: _____

Property Address: _____

Proposed Modification: _____

FOR TAMERLANE USE

Date Received: _____

Approved: _____

Not Approved: _____

Reason: _____

*Please return to: Orchid Management Solutions, PO Box 50072, Lighthouse Pt, FL 33074
Tel: 954-943-9900 Fax: 954-944-5925 Email: Tamerlane@OrchidMgmt.net*