

**THE FOUNTAINS AT COUNTRYSIDE CONDOMINIUM
ASSOCIATION
ARCHITECTURAL CONTROL FORM
Request for Interior Modifications**

Name- _____
Address _____
City/ST/Zip _____
Phone _____
Email _____

TYPE OF REQUEST- (Please check all that apply)

New Flooring _____ **Please submit specifications**
Windows/Doors _____ **Please submit specifications**
Other _____

Please remember permission must be received prior to beginning work. The owner is responsible for compliance of contractors to abide by the Association Documents and Have all need permits from the City or County.

Please submit to the property manager.

Signature of Applicant _____ **Unit #** _____

Approved _____ **Disapproved** _____

Board Signature _____ **Date** _____