

WOODBIDGE LAKES HOMEOWNERS ASSOCIATION

1.

APPLICATION FOR OFFICIAL REVIEW
FOR ALL REPAIR OR ALTERNATION WORK TO INDIVIDUAL UNITS
BY THE ARCHITECTURAL REVIEW BOARD (**ARB**)

ALL FORMS ARE TO BE E-MAILED TO A BOARD MEMBER AND MUST BE ATTACHED TO THIS FORM:

- 1. **CONTRACTOR LICENSE CERTIFICATION NUMBER**
- 2. **WORKER'S COMPENSATION AND LIABILITY INSURANCE CERTIFICATE NAMING WOODBRIDGE LAKES HOA AS ADDITIONAL INSURED UNDER CONTRACTORS INSURANCE POLICY**

Homeowner Name: _____

Address: _____

Phone: _____

Email: _____

Reason for ARB: Detailed Plans describing the nature, kind, shape, height, materials and location of the alteration or repair: (Drawings may be attached if necessary)

Homeowner Signature(s): _____ Date: _____

_____ Date: _____

Approved Not Approved Approved w/conditions

Architectural Review Board Comments:

Signatures:

Director: _____ Date: _____

Director: _____ Date: _____