OUTLOOK VILLAGE CONDOMINIUM ASSOCIATION, INC.

ARCHITECTURAL IMPROVEMENT APPLICATION/REVIEW FORM

BOARD APPROVAL IS REQUIRED PRIOR TO COMMENCEMENT OF ANY WORK

NAME: _____DATE: _____

UNIT NUMBER: _____CONTACT PHONE: (1) _____ (2) _____

EMAIL: _____

DESCRIPTION OF PROPOSED IMPROVEMENT/ALTERATION: YOU MUST ATTACH DRAWINGS OR SPECIFICATION OF PRODUCTS, WORK OR CHANGES. OWNER IS RESPONSIBLE FOR OBTAINING ANY AND ALL PERMITS REQUIRED BY LAW:

_____

_____

_____

IF NOT COMPLETED WITHIN 6 MONTHS OF APPROVAL DATE SAID APPROVAL IS RESCINDED AND THE OWNER MUST RESUBMIT THIS APPLICATION FOR RECONSIDERATION.

CONTRACTOR NAME: _____ PHONE: _____

EMAIL: _____ FL STATE CONTRACTOR LIC. #: _____

ATTACH A COPY OF CONTRACTOR'S CERTIFICATE OF LIABILITY INSURANCE

KEEP THIS FORM AND ALL ATTACHMENTS AND MAKE THEM A PART OF YOUR ASSOCIATION DOCUMENTS AS IT IS REQUIRED THAT YOU PROVIDE THIS INFORMATION TO ANY SUBSEQUENT OWNER OF THIS PROPERTY.

DELIVER OR MAIL THIS APPLICATION AND ALL APPLICABLE ATTACHMENTS TO:
OUTLOOK VILLAE CONDOMINIUM ASSOCIATION, INC.
c/o AMERI-TECH COMMUNITY MANAGEMENT, INC.
24601 US HWY 19 N, SUITE 102
CLEARWATER, FL 33763

_____

FOR COMMITTEE USE ONLY

Date Property Inspected: _____ Inspected By: _____

Board Meeting Date: _____ Approved: _____ Denied: _____

Terms/Contingency:

_____

_____

_____

_____ _____

Board Member Signature, Title **Date**

(Rev. 9/2025)

Gloria Reed, LCAM
Community Association Manager
GRreed@ameritechmail.com