## Majorca Palms Estates Property Owners Association, Inc.

## **Architectural Change Request Form**

Date:		
Name:		
Email:		
Phone:		
Address:		
form; a detailed drawing,	, copy of contractor's cont ate the location of the cha	utlining the proposed request by including with this ract (if applicable), copy of contractor's license and nge or any other information that will assist the
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If more room is need please	use additional blank sheets	
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my intent along with the	contractors information.	nange to my home: along with a drawing detailing I understand if I fail to submit all the necessary quest will not be approved until I comply.
Homeowner Signature		
Submit to:	Lynne Pietrzyk	Lynnep@habitat4humanity.org
	Manageme	nt Office Only
Date Received:		_
Action taken by Board:		
Cignoturo		
Signature: Date:		<del>_</del>
Dute.		_
Response Date:		
Response Type:		
Notes:		