



Townhomes
Homeowners' Association
P.O. Box 4236
Miami Lakes, Florida 33014
HOTLINE 305- 819-4133 or 786-366-0314
E-Mail: iglmanager2@gmail.com

ARCHITECTURAL MODIFICATION/CONTRACTOR PROCEDURE

- An Architectural Modification Form must be completed by the Owner and submitted, either by US Mail or e-mail, together with a brief description of the improvement and a picture, if applicable.
- All contractors must email a copy of their insurance and license to the property manager at: iglmanager2@gmail.com.
- Once the form has been approved and the contractor has submitted a copy of his license and insurance, then the Association will issue an Approval letter to the Town of Miami Lakes.
- This process usually takes 5 business days after receipt of all the above required documentation.

**WINDMILL GATE HOMEOWNER'S ASSOCIATION
ARCHITECTURAL MODIFICATION APPLICATION FORM**

**Please return this form to:
ZELMA IGLESIAS
Email: iglmanager2@gmail.com**

DATE: _____

OWNER (APPLICANT): _____

PROPERTY ADDRESS: _____

TELEPHONE#: (HOME) _____ (WORK) _____

TYPE OF MODIFICATION BEING REQUESTED (Please describe in detail. Include material, color, size/dimensions or areas involved.): _____

ARCHITECT'S PLANS & DRAWINGS AND/OR MATERIAL SPECIFICATIONS MUST BE ATTACHED BEFORE APPLICATION WILL BE CONSIDERED. COPIES OF CONTRACTORS' CURRENT CERTIFICATE OF INSURANCE AND LICENSE. UPON ASSOCIATION APPROVAL BUILDING PERMITS FROM _____, CONSTRUCTION IMPROVEMENT PAYMENT (IF REQUIRED) MUST BE PROVIDED PRIOR TO COMMENCING WORK

I/We hereby make application to Windmill Gate Homeowner's Association for the above described item to be approved in writing.

I/We understand and acknowledge that approval of this request must be granted before work on the modification may commence and that if modification/installation is done without the approval of the Association, the Association may force the removal of the modification/installation and subsequent restoration to original form at my expense.

All contractors are responsible for removal of debris as a result of improvements.

Applicant: _____ Date: _____

Applicant: _____ Date: _____

This Section For Office Use Only

APPLICATION APPROVED

APPLICATION DENIED

X _____

Date: _____