Ashley Oaks	Villas Homeowners Association, Inc.
REQUEST FO	R ARCHITECTURAL APPROVAL
Complete and submit this form BEI	FORE any work in your unit's common or limited common area starts. Worked, in writing. The time of processing may depend on the action requested andor
Ashley Oaks Villas c/o	Community Association Management by Stacia, Inc.
18	00 2nd St. Suite 853
l l	Sarasota, Florida 34236
*****	************************
THIS SECTION 1	TO BE COMPLETED BY THE HOMEOWNER
NAME: (Please Print)	UNIT #:
ADDRESS:	
PHONE (HOME)	(WORK/CELL)
DESCRIBE WORK TO BE DONE: (i.e. lanai etc.)	enclosure, blinds, window film or coverings; exterior decorations or attachments,
SPECIFICATIONS: Tell us where the work is t location and dimensions. Use additional sheet of	to be done. Attach copy of a suitable drawing, picture or photo, showing the exact f paper if needed.
MATERIALS : State the principal materials to b	be used
COLOR SCHEME : <i>Tell us the color(s) you inte</i>	end to use, to include a sample or color chip.:
TIME OF COMPLETION: After approval, how	w long will it take to complete the work?
approved, I must conform to all local a obtain the necessary permits, copies of the association. SIGNATURE OF REQUESTOR:	

	TO BE COMPLETED BY ACC & BOARD
	_ Deny Initials:
	_ DENIED: DATE:
Remarks, Comments or Conditions:	Printed Name:

THIS SECTION TO	BE COMPLETED BY: CAMS BY STACIA ONLY
DATE RECEIVED BY N.A.H.:	DATE SENT TO ACC:
DATE RECEIVED BY N.A.H.: DATE H/O NOTIFIED OF ACTION:	
Fa	x: 941-870-8490 Phone: 941-315-8044 Email: office@cam-SS.com