

**SKYE LOCH VILLAS OWNERS ASSOCIATION, INC.**  
**EXTERIOR CHANGE REQUEST FORM**

Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Address \_\_\_\_\_ Lot # (if applicable) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**Description of desired change, addition, or replacement with attached plans (if applicable) and specifications. Attach drawing showing placement of request (if applicable). Each project or item of request requires a separate form. Attach additional pages if needed. Exterior Change forms will be reviewed by the BOD or Management. Decisions will be made within 30 days. If Board members are out of town or not available, there are pre approved guidelines for management to sign off and provide approval to the residents.**

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**Proposed contractor (if applicable or known) \_\_\_\_\_**

**Any changes or replacement must be properly contracted for with a licensed and insured contractor and required permits obtained in compliance with all county codes and ordinances if applicable.**

**The applicant assumes complete responsibility for the requested change, addition or replacement. The applicant agrees to contact all utilities, cable, etc. prior to commencement of work and to be responsible for all damages that may be caused due to the requested change, addition, or replacement. The applicant is responsible and liable to the Homeowners Association and any individual property owner for any actions of all contractors, trades or persons providing services to or on their property that may cause injury or damage.**

**Please submit to the Office in the Clubhouse or any current Board member.**

Owner(s) Signature \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: When replacing roof shingles, they MUST match the color of the rest of the building. Refer to governing documents.**

**NOTE: This Exterior Change Request Approval will be effective for 6 months.**

Skye Loch Villas  
Or CIO Ameri-Tech Community Management, Inc  
24701 US Highway 19 North, Suite 102  
Clearwater, FL 33763

Exterior Change Decision

\_\_\_\_\_ Approved      \_\_\_\_\_ Not Approved      Date received \_\_\_\_\_

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**The applicant assumes complete responsibility for the requested change, addition or replacement.**

**The applicant agrees to contact all utilities, cable etc. prior to commencement of work (if applicable), and will be responsible for any and all damages that may be caused due to the requested change, addition or replacement.**

**The applicant is responsible and liable to the Homeowners Association and any individual property owner for any actions of any and all contractors, trades or persons providing services to or on their property that may cause injury or damages.**

BOD Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

BOD Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

BOD Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: It is the unit owner's responsibility to obtain any required building permits. Contact the Pinellas County Building and Development Review Service Department at (727) 464-3888 to determine if a building permit is required.**