

Wycliffe Community Association, Inc.

Form 2

MODIFICATION APPLICATION FORM TO BE FILLED OUT BY HOMEOWNER

DISTRICT: _____

NAME: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____

GENERAL DESCRIPTION OF MODIFICATION OR ALTERATION:

DOES YOUR PROPERTY ABUT OR IS IT IMMEDIATELY ADJACENT TO THE GOLF COURSE? PLEASE SPECIFY EAST OR WEST COURSE INCLUDING HOLE NUMBER: _____

Will the proposed improvements be visible from the golf course? _____

HOW WILL CONTRACTOR GAIN ACCESS TO MODIFICATION SITE? (I.E. THROUGH COMMON AREA, GOLF COURSE, YOUR PROPERTY ETC.):

THE FOLLOWING CONTRACTOR INFORMATION MUST BE PROVIDED:

A. CONTRACTOR'S NAME: _____

B. ADDRESS: _____

C. PHONE: _____ FAX: _____

D. CERTIFICATE OF LIABILITY AND WORKMAN'S COMPENSATION INSURANCE ALONG WITH PROOF OF A VALID CURRENT ACTIVE FLORIDA CONTRACTOR'S LICENSE ATTACHED TO THIS APPLICATION.

E. TENTATIVE COMMENCEMENT AND COMPLETION DATES:
