

VILLAROSSO RESIDENCES AT DTC WEST LEASING PERMIT APPLICATION

This Leasing Permit Application (“Application”) is made this _____ day of 20____, by _____ (“Owner”), who owns Unit _____ (“Unit”) within the Villarosso Residences at DTC West condominium community (“Community”). The Owner desires to lease the Unit, and the Owner understands that leasing is permitted only if the Owner receives a Leasing Permit from the Villarosso Residences at DTC West Condominium Association (“Association”).

The Owner understands that a Leasing Permit will be issued only if less than 19 condominium units in the Community have been issued leasing permits or are grandfathered in under the Declaration. The Owner also understands and agrees that, if a Leasing Permit is issued to the Owner, then the Owner’s leasing is subject to, and must comply with, all provisions of Article 4, Section 4.6(c) of the Condominium Declaration of Villarosso Residences at DTC West Condominiums (“Declaration”). The Owner acknowledges that if the Owner fails to lease the Unit within 180 days of the issuance of the Leasing Permit or fails to have the Unit leased for any consecutive 180 day period after the issuance of a Leasing Permit, then the Owner’s Leasing Permit shall be automatically revoked. Leasing Permits are not transferrable to any other owner or any other condominium unit within the Community, except as specifically provided in Article 4, Section 4.6(c) of the Declaration.

The Owner understands that the Owner may only use a lease form which is approved by the Association and which complies with Article 4, Section 4.6(c) of the Declaration. At least 10 days prior to entering into the initial lease of the Unit, the Owner shall provide the Board of Directors of the Association with a copy of the proposed lease for approval.

Please complete the following:

1. Proposed commencement date of leasing: _____
2. Proposed term/length of lease (minimum six months): _____
3. Names phone numbers and e-mail addresses of all proposed tenants and/or occupants of the Owner’s Unit (if known at this time):
Name(s): _____
Home Phone Number(s): _____
Work Phone Number(s): _____
Cell Phone Number(s): _____
E-mail Address(es): _____
4. Non-resident address of the Owner: _____
6. Phone numbers and e-mail addresses of the Owner:
Home Phone Number(s): _____
Work Phone Number(s): _____
Cell Phone Number(s): _____
E-mail Address(es): _____

Signature of the Owner _____
Date

(For Association Use Only)

Leasing Permit Application Received: _____
Number of outstanding Leasing Permits and grandfathered units: _____
This Leasing Permit Application is _____ Approved (Leasing Permit Attached), or _____ Denied

By: _____
Signature Title Date