

The Fairways at Laguna Oaks

APPLICATION TO INSTALL STORM/SCREEN DOOR: FRONT and/or REAR.

NAME: _____ ADDRESS: _____

EMAIL: _____ PHONE: _____

CONTRACTOR: _____ PHONE: _____

DATE OF SUBMISSION: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION: ALL REQUESTED DOORS MUST BE:

WHITE/FULL VIEW GLASS/FULL VIEW SCREEN or RETRACTABLE SCREEN. ALL GLASS MUST BE CLEAR, NO TINTING/ ETCHING/ NO BORDERS OR TRIM DESIGN.

PLEASE COMPLETE THE FOLLOWING:

☐ **FRONT DOOR:**

Manufacturer of the Door: _____

Make and Model Number of the Door: _____

☐ **REAR DOOR:**

Manufacturer of the Door: _____

Make and Model Number of the Door: _____

SPECIFICATIONS ON INSTALLING STORM DOORS OR SCREEN DOORS:

- **A PICTURE OF THE DOOR MUST BE SUBMITTED WITH THIS APPLICATION.**
- Note: Some home models may require a wood frame built around the existing door frame - please consult your installer.
- **YOU MAY NOT INSTALL ANY DOORS UNTIL YOU HAVE RECEIVED WRITTEN APPROVAL OF YOUR APPLICATION FROM DILUCIA MANAGEMENT COMPANY.**

Homeowner Signature: _____

Office Use Only:

APPROVED: _____ REJECTED _____ DATE _____

APPROVAL EMAIL SENT TO HOMEOWNER _____ DATE _____

Last revision: 10/29/2023