

**ARCHITECTURAL CHANGE FORM**

**SOMERSET AT ABACOA CONDOMINIUM, INC.**

C/O GRS Management Associates, Inc.  
3900 Woodlake Blvd. #309 Lake Worth, Florida 33463  
561-641-8554

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Name of Applicant/Owner

Address of Unit

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Address of Applicant (If Different)

Date of Application

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Daytime Telephone Number

Evening Telephone Number

**DESCRIPTION OF ADDITION, CHANGE AND/OR MODIFICATION**

Submit one copy of this form for all proposed additions, changes or modifications. In addition, submissions will include proposed colors, patterns, materials and all additional information necessary for the Board of Directors to make an informed decision.

If all required information is not received with this completed Application, the Board will reject the application until all requested information is received.

DESCRIPTION:

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**CONDITIONS OF APPROVAL**

1. All required permits must be obtained and displayed by the owner prior to work beginning.
2. **COPIES OF ALL CONTRACTORS' LICENSE AND INSURANCE MUST BE ATTACHED TO THIS APPLICATION. All contractors **must be licensed and insured** when performing work on Somerset property. This requirement protects Somerset owners from any liability in case of accidents.**
3. All exterior material must adhere to the color scheme established by the Board of Directors.
4. Exterior hurricane shutters may only be heavy duty white vertical accordion type.

The undersigned acknowledges that they have read and understand this application and no work is to be started until a signed approval is received by the Board of Directors.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Board Member Signature: \_\_\_\_\_ Approved (    ) Rejected(    )

Board Member Signature: \_\_\_\_\_ Approved (    ) Rejected(    )

Application is rejected for the following reason \_\_\_\_\_