

KIRKWOOD ARCHITECTURAL CHANGE REQUEST

GRS Management Associates, Inc.

3900 Woodlake Blvd Suite 309, Lake Worth FL 33463

(561)641-8554

FAX: (561)641-9448

ASSOCIATION NAME: _____ DATE: _____

OWNER NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

HOME #: _____ WORK # _____ CELL #: _____

I request permission to make the following change(s) to my home. If applicable, an architect's drawing and/or diagram, listing the specifications to must be used (including material and dimensions) **MUST** accompany this request in order to be considered by the Architectural Review Committee. For non-architectural changes such as landscaping and/or fencing include two (2) sets of drawings, at least one drawn on the lot survey of your property and a layout with configuration in respect the exterior of the unit with specific description of materials:

CONTRACTOR TO BE USED: _____

CONTRACTOR'S ADDRESS: _____

CONTRACTOR'S TELEPHONE NUMBER: _____

I/We understand that approval of our request must be granted before the inception of the project. I/We acknowledge that we could be forced to have the item removed if it is installed without prior written approval or it is different from the approved plans and/or specifications. If the project is not begun within ninety (90) days, a new application must be submitted. Board approval in no way eliminates the need to adhere city or county codes or zoning regulations.

OWNER SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

ARCHITECTURAL REVIEW COMMITTEE DECISION

THE ABOVE REQUEST HAS BEEN APPROVED AS SUBMITTED

THE ABOVE REQUEST HAS BEEN APPROVED WITH THE FOLLOWING CONDITIONS:

THE ABOVE REQUEST HAS BEEN DENIED FOR THE FOLLOWING REASON:

AUTHORIZED BY: _____ DATE: _____