

**SPENCER LAKES HOMEOWNERS ASSN, INC
ARCHITECTURAL CHANGE REQUEST**

**GRS Community Management, 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: _____

/We understand that approval of our request must be granted before the inception of the project. /We acknowledge that we could be forced to have the item removed if it is installed without prior written approval or 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: _____