

Request for Architectural Change

Milano Condominium Association, Inc.

c/o GRS Community Management, Inc. 3900 Woodlake Boulevard, Suite 309, Lake Worth, FL. 33463
DATE OF REQUEST: _____

OWNERS NAME: _____

OWNERS ADDRESS: _____

CONTACT PHONE NUMBER: _____

CONTACT EMAIL ADDRESS: _____

I request to make the following changes(s) to my home:

Please note: An architect's drawing and/or diagram, listing the specifications and colors to be used (including materials and dimensions) **MUST** accompany this request in order for it to be considered by the Architectural Review Committee. Surveys are mandatory for additions and Owner is responsible for any required building permits. Unit owner is responsible for all damage to common area property. **ALL CONTRACTORS MUST HAVE A VALID PALM BEACH COUNTY CONTRACTOR'S LICENSE.** A copy of the contractor's insurance with the Associations named in Certificate from Insurer is required.

CONTRACTOR: _____ LICENSE # _____

CONTRACTOR ADDRESS: _____

CONTRACTORS PHONE NUMBER: _____ EMAIL: _____

OWNERS SIGNATURE: _____ **OWNERS SIGNATURE:** _____

"Please see section 7.2, 7.3, 9 and 18 of the Declaration, which explains what architectural changes must be approved by the Board. Section 18.27 of the Declaration **requires an owner to give the Association written notification of any construction or renovation work at least 72 hours in advance, and to provide the Association with a \$500 security deposit prior to commencing any construction or renovation work.** Section 18.28 of the Declaration requires owners to provide copies of the proper permits, license and insurance certificates and plans and specification to the Association before commencing any work and requires owner to only use proper licensed workers. If any work is required to be approved by the Association, the owner must apply for and obtain such approval before proceeding with the work and must provide the Association with all the information specified in the Declaration."

ARCHITECTURAL REVIEW COMMITTEE - (BELOW FOR COMMITTEE USE ONLY)

OWNERS NAME: _____ ADDRESS: _____

THE ABOVE REQUEST HAS BEEN APPROVED.

THE ABOVE REQUEST HAS BEEN APPROVED WITH THE FOLLOWING CONDITIONS:

THE ABOVE REQUEST HAS BEEN DENIED FOR THE FOLLOWING REASON: _____

SIGNATURE OF COMMITTEE MEMBER: _____ DATE: _____