

**Palm Beach Grande Condominium Association, Inc**

C/O GRS Management Associates Inc.

1485 Lake Crystal Drive, West Palm Beach, FL 33411

Office: 561-684-7651 – Email: Epietrzak@grsmgt.com

**ARCHITECTURAL CHANGE FORM**

DATE: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK # \_\_\_\_\_ CELL #: \_\_\_\_\_

An application requesting approval of any alteration which occurs outside the exterior walls of the building, MUST BE ACCOMPANIED BY THE FOLLOWING: A SKETCH INDICATING LOCATION, SIZE AND TYPE OF CONSTRUCTION; A COPY OF YOUR SURVEY SHOWING WHERE THE CHANGES WILL BE LOCATED, AND OTHER PERTINENT INFORMATION. ALSO ATTACH A COPY OF YOUR CONTRACTORS LICENSE, INSURANCE CERTIFICATE (LIABILITY & WORKMAN'S COMP. CERTIFICATE)

Proposed Changes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**

**BOARD OF DIRECTORS or 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: \_\_\_\_\_