

Gardenway Condo F – J Condo Association, Inc
c/o GRS Community Management
3900 Woodlake Blvd Suite 309, Lake Worth FL 33463

Office: 561-641-8554 Fax: 561-641-9448

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: _____