

ARCHITECTURAL REVIEW APPLICATION

Directions:

- Complete request information and sign form where indicated
- Attached required documents and submit to:

GRS Community Management
3900 Woodlake Blvd Suite 309, Lake Worth FL 33463
(561)641-8554 FAX: (561)641-9448
ResidentServices@grsmgt.com

ASSOCIATION NAME: _____ DATE: _____

OWNER NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

PHONE #: _____ EMAIL: _____

Brief description: In the space below give a brief description of the alteration, improvement, addition or other change you would like to make to the exterior of your unit (to avoid delays, be as clear as possible):

A. Attach to this application the following checked items:

- | | |
|--|--|
| <input type="checkbox"/> SURVEY/PLOT PLAN showing the location of the improvement. | <input type="checkbox"/> COPY OF CONTRACT (if 3rd party contractor used) |
| <input type="checkbox"/> PLAN, ELEVATIONS or DETAILED SKETCH | <input type="checkbox"/> PAINT COLOR CHIP |

HOMEOWNER'S AFFIDAVIT

I have read The Covenants and Restrictions of my Community Association and agree to abide by them. I understand and, in return for approval, I agree to be responsible for the following:

- For all losses caused to others as a result of this undertaking whether caused by me or others.
- To comply with all local building codes or permits requirements.
- For any encroachment (s)
- To comply with conditions of acceptance (if any).
- To complete the project according to the approved plans.

Signed _____
(Homeowner)

Date _____

Master Assoc.

Sub Assn

APPROVED by the Association

APPROVED * Subject to the following conditions: _____
Project MUST begin within _____ days and to be completed in _____ days.

INSUFFICIENT INFORMATION

Resubmit on a new form. Be sure to include the following _____

NOT APPROVED _____

By: _____ Date: _____
(Board or Committee Member)

By: _____ Date: _____
(Board or Committee Member)