

**SEASIDE DUNES ASSOCIATION, INC.
REQUEST FOR ARCHITECTURAL REVIEW**

T: (561)641-8554 | F: (561)641-9448

residentservices@grsmgt.com

Directions:

1. Fill-in requested information 2. Sign form 3. Please mail in with the required documents attached to the address:

**GRS Community Management
3900 Woodlake Blvd Suite 309
Lake Worth, FL 33463**

OWNER'S NAME: _____ **DATE:** _____

PROPERTY ADDRESS: _____

MAILING ADDRESS(If different): _____

HOME #: _____ **CELL #:** _____ **Email:** _____

- A. **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):

- B. **Please Attach the following items to this application:**

- ❖ Survey/Plot Plan showing the location of the improvement.
- ❖ Copy of Contractor's License, Certificate of Liability and Worker's Compensation.
(The Insurance needs to be written with SEASIDE DUNES ASSOCIATION, INC.as the certificate holder. See Below.)

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- ❖ Paint Color chip/Scheme
- ❖ Plan, Elevations, Detailed Sketch or Work Scope

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.

(Homeowner) Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

- 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: _____