

**LAKES OF WESTCHESTER COUNTRY CLUB  
HOMEOWNERS' ASSOCIATION, INC.  
ARCHITECTURAL CONTROL COMMITTEE REQUEST FORM**

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

LOT OWNER (Applicant): \_\_\_\_\_

ADDRESS OF LOT: \_\_\_\_\_

MAILING ADDRESS (if different than above): \_\_\_\_\_

PHONE NUMBER: Home \_\_\_\_\_ Cell \_\_\_\_\_

**ATTACH** a detailed description of the change. Describe materials and colors being used as well as size and location. Submit an annotated site plan, manufacturer's brochures and or contractor's drawings or blueprints and specifications as applicable. **This section must be completed, or the application will be returned to you.** Approvals must be obtained prior to Installation.

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**INCLUDE** Copy of proposed architectural improvement/replacement application  
Copy of contractors' Certificate of Insurance...**dates must be current**  
Copy of contractors Occupational License...**dates must be current**  
Neighbors' signatures, if required

**CERTIFICATE HOLDER SHOULD READ: LAKES OF WESTCHESTER HOA C/O GRS MANAGEMENT ASSOCIATES 3900 WOODLAKE BLVD SUITE 309, LAKE WORTH, FLORIDA 33463**

**PERMITS AND BUILDING CODES:** It is the property owner's responsibility to make certain that exterior improvements comply with local zoning ordinances and building codes and to acquire all appropriate permits.

If you are hiring a company to do this work, the following information must be included with this application:

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Telephone # \_\_\_\_\_

As the owner of the above-mentioned property, I agree to comply with all requirements stated in this application, as well as all requirements and conditions as stated on Page 1. I understand that this Architectural Control Request will not be considered by the ARC, unless and until, such time as I have submitted all stated documentation as required. I am aware of the guidelines for this request and will be responsible for seeing that these guidelines have been met.

\_\_\_\_\_ **SIGNATURE OF OWNER:**

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

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APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

Date: \_\_\_\_\_ Signed \_\_\_\_\_

Chairperson, Architectural Control Committee

Comments: \_\_\_\_\_

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**PLEASE RETURN COMPLETED FORM ALONG WITH SUPPORTING DOCUMENTS TO: GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD STE 309 LAKE WORTH, FL 33463 PHONE: 561-641-8554 FAX: 561-641-9448 OR EMAIL IT TO ResidentServices@grsmgt.com**

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