

3900 Woodlake Blvd. Suite 309, Lake Worth, FL 33463 Phone: 561-641-3554 Fax: 561-641-9448

## INLET HARBOR CLUB CONDOMINIUM ASSOCIATION, INC.

## REQUEST FOR REVIEW FOR ARCHITECTURAL MODIFICATION

HOMEOWNER NAME:		
ADDR	ESS:	ACCOUNT NO.:
PHONE NUMBER: EMAIL:		
		npleted as approved, said approval can be revoked and the modification will be required
2. 3. 4.		nd repair any and all damage done to the common areas as a result of the installation. or city building codes and obtain all necessary permits if applicable.
5. 6.	That if the modification is not an I/We shall be responsible for all	roved or does not comply, I/we may subject to court action by the Association and that easonable attorney's fees. se while considering the application with an outside profession (such as a licensed
Signat	ture of Homeowner	Date of Request
		LICATION FOR REVIEW BY EMAILING DSLAVIN@GRSMGT.COM*
	OF DIRECTORS USE ONLY:  Received:	Date Reviewed:
Notes		Approved; Subject To Change Disapproved
Signat	cure of Board Member:	