



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463  
Ph: (561) 641-8554 / Fx: (561) 641-9448

**PHEASANT RUN HOMEOWNERS' ASSOCIATION, INC.  
ARCHITECTURAL CONTROL APPLICATION**

Homeowner Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Contact Telephone No.: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**Describe in detail the changes and/or modifications in which you are seeking approval:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete and sign this form and attach the following information, if applicable. Please submit 2 complete sets of the application and applicable documentation.**

1. Copy of contractor proposal and sketch of work to be done.
2. Copy of contractor's occupational license.
3. Copy of contractor's liability and/or occupational insurance certificate holder naming **Pheasant Run Homeowners' Association (at the above referenced address) as the Certificate Holder and the Additional Insured**, and a copy of workman's compensation insurance.
4. **Copy of Permit Application(s) and sign off when completed - for all applicable modifications.**

**Materials you may need to provide to the Association for the approval of the requested changes or modifications.**

1. A picture, drawing or advertising materials displaying the items you are requesting for installation.
2. A sample of the type and texture of any building materials that may be used on the unit's interior.
3. Any other materials or information that may assist in the Association's evaluation of the project.
4. Copy of homeowner's floor plan indicating location of changes or modifications.

**It is understood the changes or modifications which you are requesting may not:**

1. Interfere with or obstruct with any common utility source or modify any structural and/or load-bearing partitions or exterior doors.
2. Cause a nuisance or interference with the peace or privacy of the other people in the community.
3. Be performed by unlicensed contractors or without the required permits from all governmental agencies.
4. Contractors may not work on Sunday or public holidays. **Contractors are permitted to work Monday through Saturday. Work may NOT commence prior to 8:00 a.m. or after 5:00 p.m.**

I/We hereby make an application to the Architectural Control Committee to recommend this change and submit it to the Board of Directors for their approval. **ALLOW 30 DAYS FOR APPROVAL.**

I/We understand that APPROVAL OF OUR REQUEST MUST BE GRANTED BEFORE THE INCEPTION OF THE PROJECT. IF THE PROJECT HAS BEEN STARTED WITHOUT APPROVAL REQUEST WILL BE DENIED. NO EXCEPTIONS! I/We acknowledge that we could be forced to have the item removed if it is installed without prior written approval or 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 to city or county codes or zoning regulations.

Homeowner(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Approved                      \_\_\_\_\_ Conditionally Approved                      \_\_\_\_\_ Disapproved

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

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Application and documents should be submitted via mail, hand-delivery, or fax to GRS at the address/fax indicated above.**

\_\_\_\_\_

**RE: CODES**

Please be advised this Request for Modification approval is subject to County Codes, setbacks, and permit conditions required.

If at a later point it is found the homeowner has not complied with these procedures, **the Homeowner(s), will be held responsible** for any and all changes that would be required.

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_