

# Crosswinds at River Bridge Condominium Association, Inc.

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## REQUEST FOR REVIEW FOR ARCHITECTURAL MODIFICATION

HOMEOWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ LOT NO.: \_\_\_\_\_

NAME OF COMMUNITY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ PHONE NUMBER 2: \_\_\_\_\_

EMAIL(S): \_\_\_\_\_

*Approval is hereby requested to make the following modification(s), alteration(s) or addition(s) as described and depicted below and/or on additional pages as necessary. Please include details such as the dimension, materials, color, design, location and any other pertinent data.*

**MODIFICATION DESCRIPTION:**

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**I understand and will comply to:**

1. That if the modification is not completed as approved, said approval can be revoked and the modification will be required to be removed by the owner at the owner's expense.
2. That I am responsible to pay for and repair any and all damage done to the common areas as a result of the installation.
3. To comply with the status, county or city building codes and obtain all necessary permits if applicable.
4. To abide by the decision of the ARB or the Board of Directors.
5. That if the modification is not approved or does not comply, I/we may subject to court action by the Association and that I/We shall be responsible for all reasonable attorney's fees.
6. If the Association incurs an expense while considering the application with an outside profession (such as a licensed architect) the applicant will be responsible for said fee.
7. \$25.00 processing fee made payable to GRS Community Management. Money order or cashier's check only.

\_\_\_\_\_  
**Signature of Homeowner**

\_\_\_\_\_  
**Date of Request**

**\*PLEASE SUBMIT APPLICATION AND PAYMENT TO:**

**GRS COMMUNITY MANAGEMENT. 3900 WOODLAKE BLVD., SUITE 309, LAKE WORTH, FL 33463**

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**ARB/BOARD OF DIRECTORS USE ONLY:**

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

\_\_\_\_\_ Approved      \_\_\_\_\_ Approved; Subject To      \_\_\_\_\_ Disapproved

Notes/Explanation: \_\_\_\_\_

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Signature of ARB/Board Member: \_\_\_\_\_