



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

SATURNIA ISLES HOMEOWNERS' ASSOCIATION, INC.

ACC APPLICATION EXTENSION FORM

Unit Owner Name(s): _____

Address: _____ Account No.: _____

Contact Telephone No.: _____ Email Address: _____

REASON FOR EXTENSION: _____

Project/Modification:

Paint Exterior

Install Front Doors

Install Pavers

Install Doors/Windows

Install Roof

Landscaping

Pool/Resurfacing Pool

Other/Include Details:

New Estimated Completion date: _____

Please include:

Copy of contractor's occupational license.

Copy of contractor's liability and/or occupational insurance certificate naming '**Saturnia Isles Homeowners' Association'** as the **Certificate Holder and as Additional Insured** and a copy of Workman's Compensation Insurance Certificate.

Signature: _____ Date: _____

Submit form and updated insurance to:

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