# LA RESIDENCE CONDOMINIUM ASSOCIATION HOMEOWNERS' ASSOCIATION, INC.

### **Architectural Change Request Form**

**INSTRUCTIONS:** Please completely fill out the form below. Failure to complete the form completely will only delay the approval process. Mail to:

### LA RESIDENCE OF BOCA DEL MAR CONDOMINIUM ASSOCIATION, INC c/o GRS Community Management

3900 Woodlake Blvd, Suite 309 Lake Worth, FL 33463

Phone: (561) 641-8554 | Fax: (561) 641-9448 E-mail: residentservices@grsmgt.com

Owner's name:		Date:
		Unit #:
Mailing Address (If different	:):	
Home #:	Cell #:	Email:
		rief description of the alteration, improvement, t (to avoid delays, be as clear as possible):
	MIST BE INCLUDED WITH	I YOUR ARCHITECTURAL APPLICATION:
Section II. The Following	J WOST DE INCLODED WITH	TOOK ARCHITECTORAL AFFEICATION.
insurance naming L	a Residence Condominium  DENCE OF BOCA DEL MAR  c/o GRS Commu  3900 Woodlake	contractor's liability & workmen's compensation Association, Inc. as co-insured as seen below: CONDOMINIUM ASSOCIATION, INC nity Management Blvd, Suite 309 h, FL 33463
Contractor to be us	sed:	
Contractor Telepho	one number:	Email:
Attach any photos,	samples, surveys, plans and,	or other specifications of your proposal.
A <b>\$500</b> Security Depincluded with this a	•	of a check payable to La Residence needs to be
Signed and dated a	pplication	

NOTE: A copy of the permit, if required and a copy of the City or County final inspection approval must

be supplied when work is complete, or approval may be revoked.

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#### **SECTION III – Acknowledgment of Applicant:**

I/We hereby make application for the above described architectural change. I/We understand that application does not guarantee approval and that any approval must be received in writing from the Board of Directors prior to making the alterations sought in the application. I/We acknowledge that we have read, understand, and will abide by the La Residence Condominium Association, Inc. Declaration of Covenants and Restrictions. I/We understand that my/our application may be delayed if insufficient information is included in my/our request. I/We further understand that I/we may not deviate from the plans submitted to the Association and that any such variation or deviation would require me/us to re- submit the application.

I/We understand that architectural change approval is based upon the aesthetics of the proposed change and does not certify the construction worthiness or structural integrity of the proposed change. I/We further understand that I/We must follow all local building codes.

I/We hereby agree that as a condition precedent to granting approval to any request for change, alteration or addition to an existing structure, dwelling, applicant, heirs and assigns thereto, assume full responsibility for the costs, liability, repair, upkeep, maintenance and/or replacement of any such change, alteration or addition. It is understood and agreed that the La Residence Condominium Association, Inc. and HRT Realty Services LLC., are not responsible for any damages or action that may result from the approval of this request.

	Date:	
Signature of Applicant(s)		
	Date:	
Signature of Applicant(s)		
•	ted all the above and attached the iter ation at the address listed in the begin	• •
	DO NOT WRITE BELOW THIS L	INE
Approved:	Approved with Caveats*:	Disapproved: *
Signature of BOD ACC	designee:	Date:
Comments / Conditions:		
Signature of BOD Presid	ent:	Date:

\*\*\*PLEASE NOTE THAT APPROVALS, ONCE RECEIVED IN WRITING FROM THE ASSOCIATION, ARE VALID FOR NO LONGER THAN SIX (6) MONTHS FROM THE DATE APPROVED. \*\*\*