

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

ntact Telephone No.: Alterna	te Number:
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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. \$25.00 Non-refundable Application Processing Fee made payable to GRS Community Management in the form of a money order or cashier's check.
- 2. Copy of contractor proposal and sketch of work to be done.
- 3. Copy of contractor's occupational license.
- 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 <u>and</u> the Additional Insured, and a copy of workman's compensation insurance.
- 5. Copy of Permit Application(s) and sign off when completed for <u>all</u> applicable modifications.

Materials you <u>may</u> 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 t	he address/fax inc	dicated 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, <u>the Homeowner(s)</u>, <u>will be held responsible</u> for any and all changes that would be required.

Homeowner Signature:	Date:	
Homeowner Signature:	Date:	