

MADISON LAKES HOMEOWNERS ASSOCIATION, INC.
REQUEST FOR ARCHITECTURAL REVIEW

****PLEASE SEND 2 COMPLETE SETS OF YOUR REQUEST****
APPLICATIONS WILL NOT BE ACCEPTED UNLESS SENT TO GRS MGMT

Name: _____
Address: _____
Lot # _____

Directions:
1. Fill in requested information
2. Sign form
3. Mail with proper postage and postmark to:
GRS MGMT
3900 Woodlake Blvd Suite 309
Lake Worth FL 33463

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM OR WHAT IS REQUIRED FOR YOUR PROJECT,
PLEASE CONTACT GRS MANAGEMENT ASSOCIATION AT 561-641-8554

A. Brief description: In the space below and if more space is needed use a separate sheet, give a description of the alteration, improvement, addition or other change you would like to make to the exterior of your home (to avoid delays, be as clear as possible). Please include such detail as the dimension, materials, color, design, location and other pertinent data. PLEASE PRINT OR TYPE

- B. Please attach to this application the following items (see also attachment)
- Property survey showing the location of the improvement
 - Plans, elevations or detailed sketch
 - Paint color chip or tint color sample (where applicable) all paint colors must be one of the ten approved Madison Lakes colors and must coordinate with the roof color
 - Name of contractor, insurance papers and appropriate licenses

HOMEOWNER AFFIDAVIT

I have read, understand and agree to abide by the Covenants and Restrictions of the Association. I understand and in return for approval, I agree to be responsible for the following:

- For all losses caused to others, including common areas, as a result of this undertaking, whether caused by me or others;
- To comply with all state and local building codes;
- For any encroachment(s);
- To comply with conditions of acceptance (if any);
- To complete the project according to the approved plans. If the modification is not completed as approved, said approval can be revoked and the modification shall be removed by the owner, at owner's expense
- Applicant further acknowledges that drainage swales have been designed and established between homes (side yard) to carry storm water off the lot, and to maintain positive drainage away from the home. The Association shall not be responsible for any affect the proposed landscaping installation may have on this drainage. The applicant shall be responsible.

I also understand that the ACC does not review and assumes no responsibility for the adequacy, capacity or safety features of the proposed construction, alteration or addition, for soil erosion of uncompactable or unstable soil conditions, for mechanical, electrical or any other technical design requirements for the proposed construction, alteration, addition or for performance, workmanship, or quality of work of any contractor, or of the completed alteration or description. Work must be completed with 6 months of issuance of permits or application with all required paperwork must be resubmitted to the ACC.

I agree to abide by the decision of the Architectural Control Committee. If the modification is not approved or does not comply, I may be subject to court action by the Association. In such an event, I shall be responsible for all reasonable attorneys' fees.

Date of Request

Signature of Homeowner

*****DO NOT WRITE BELOW THIS LINE*****

____ Approved by Architectural Control Committee

____ Approved subject to the following conditions _____

____ Pending, Insufficient information. Re-submit requested information. Be sure to include the following.

____ Denial, not approved for the following reasons:

By: _____ Date: _____ By: _____ Date: _____
Signature of ACC Member Signature of Board Member