CATALINA PROPERTY OWNERS ASSOCIATION INC. REQUEST FOR ARCHITECTURAL REVIEW

Directions:

1. Fill and sign form. 2. A twenty-five (\$25.00) Processing fee is required for all requests 3. Please mail to the address:

GRS Management Associates Inc. 3900 Woodlake Blvd Suite 309 Lake Worth FL 33463 T: (561)641-8554 | F: (561)641-9448

OWNER'S NAME:			DATE:	
PROPER	TY ADDRESS:			
MAILING	ADDRESS: _			
HOME #	:	WORK #	CELL #: alteration, improvement, addition or other change you would	
A.	Brief descripti like to make to	on: In the space below give a brief description of the the exterior of your unit (to avoid delays, be as clear as	e alteration, improvement, addition or other change you would possible):	
B.	Please Attach	the following items to this application:		
		PLAN showing the location of the improvement. DNS or DETAILED SKETCH Copy of Contracto	PAINT COLOR CHIP/ SCHEME r's License, Certificate of Liability and Worker's Compensation	
	al, I agree to be For all losses To comply wit For any encro To comply wit	responsible for the following: caused to others as a result of this undertaking wheth th all local building codes or permits requirements.	and agree to abide by them. I understand and, in return for	
(Homeowner) Signature:		Signature:	Date:	
Master A	Assoc.			
		APPROVED by the Association		
		APPROVED * Subject to the following conditions: Project MUST begin within days.		
		and to be completed in days. INSUFFICIENT INFORMATION Resubmit on a new form. Be sure to include the fol	lowing	
		NOT APPROVED		
Ву:			Date:	

***If you are installing a pool, room addition, concrete patio addition, or any major landscaping modification that requires the use of construction equipment that could result in damage to existing landscaping, irrigation systems, drainage slopes, sidewalks, curbs, or common areas, a \$2,000.00 security deposit/inspection fee check must be included with your application. Make the check payable to Catalina POA. This check will be deposited in Catalina's deposit account. ***