



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463

Ph: (561) 641-8554 / [www.grsmgt.com](http://www.grsmgt.com)

## **REQUEST FOR ARCHITECTURAL COMMITTEE APPROVAL TO MODIFY UNIT AND/OR PROPERTY**

Please note there is a required **Architectural Modification Application Processing Fee** in the amount of **\$25.00 payable to GRS Community Management** in the form of a money order or cashier's check.

### **CONTRACTOR/VENDOR GUIDELINES**

All Homeowner and Condominium Associations require the following documents to be **provided by the Contractor/Vendor to the Homeowner** and submitted in whole with the Modification Application and Fee to be processed expeditiously:

1. \_\_\_\_\_ Current copy of Contractor/Vendor Occupational License.
2. \_\_\_\_\_ Current copies of a Contractor/Vendor Certificate of Liability Insurance, Automobile/Vehicle Insurance and Workers Compensation Insurance (or an Exempt Certificate must be provided).

### **The COI's Certificate Holder must reflect the following verbiage:**

"Name of Association" (*in which the project is contracted*)  
c/o GRS Community Management  
3900 Woodlake Blvd. Suite 309  
Lake Worth, FL 33463

### **The Association must be named as an Additional Insured.**

3. \_\_\_\_\_ No Application will be processed without being completed in its' entirety and submitted without all required supporting documentation as listed above and/or the fee(s).
4. \_\_\_\_\_ Applications and/or documentation submitted in part(s) or through a third party will not be accepted and will be returned to the Homeowner.

**Please submit payment with the attached application and ALL required documentation.**

Thank you.

**ANDOVER AT WYCLIFFE CONDOMINIUM ASSOCIATION, INC.**

**REQUEST FOR ARCHITECTURAL CHANGE**

**Date of Request** \_\_\_\_\_

**Owner Name** \_\_\_\_\_

**Andover Address** \_\_\_\_\_

**I hereby request permission to make the following alternation to my home:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Owner Signature** \_\_\_\_\_

**Contract for the addition or alteration must accompany this request, including specifications, contractor name, address and phone number.**

**No work is to commence unless the Owner has received WRITTEN approval to proceed with the above requested change from the Architectural Review Committee.**

\_\_\_\_\_  
**For Committee Use Only**

**Your request has been**      \_\_\_\_\_ **Approved**      \_\_\_\_\_ **Denied**

**Reason for Denial:** \_\_\_\_\_

\_\_\_\_\_

**Signature of Committee Member** \_\_\_\_\_

**Date or Review:** \_\_\_\_\_

**Additional Comments:**