

**SMITHBROOKE HOMEOWNERS ASSOCIATION, INC.  
REQUEST FOR REVIEW FOR ARCHITECTURAL/EXTERIOR MODIFICATION**

Complete all items (please print). Please read all conditions and sign where required below. This form and all attachments are to be submitted to GRS Management Associates, 3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463.

Name of Applicant(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**IN ORDER TO PROCESS THIS APPLICATION, THE FOLLOWING MUST BE ATTACHED (INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT):**

1. Sketch of boundary survey with proposed modifications drawn on the survey
2. The appropriate drawings, showing both a plan view and an elevation
3. Specifications of the proposed modifications (example: color, style, size, etc.)
4. Contracted work must include vendor license and insurance
5. Estimated completion date of the project: \_\_\_\_\_ Total # of pages attached: \_\_\_\_\_

**Your approval shall be subject to the following:**

1. You are responsible for obtaining any necessary permits from the appropriate Building and Zoning Depts.
2. Access to areas of construction is only to be allowed through your property
3. You are responsible for any damage to the common areas during construction
4. If approved, approval is from an aesthetic point of view and does not constitute approval from an engineering/structural point of view
5. Any modifications, additions or deletions made to the attached plans after approval will void the approval and require a new application to be submitted for review
6. All work must be completed within 90 days of the date of the signed approval. If completion will exceed the allotted timeframe, you must re-submit your application for approval

Approval is hereby requested to make the following modifications, alternations or additions as described below and on the additional attached pages:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Approved \_\_\_\_\_ Conditionally Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Incomplete \_\_\_\_\_

The following information is required or approval is conditional upon:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Architectural Review Committee

Signature: \_\_\_\_\_ Date: \_\_\_\_\_