

# THE COVE AT BRIAR BAY ARCHITECTURAL CHANGE REQUEST

GRS Management, Inc.  
3900 Woodlake Blvd Suite 309 Lake Worth FL 33463  
(561) 641-8554 FAX: (561) 641-9448

OWNER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ LOT #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK # \_\_\_\_\_ CELL #: \_\_\_\_\_

CHANGE BEING REQUESTED: For any Architectural Change to the exterior of the structure, please include two (2) sets of drawings by contractor on business letterhead that includes the specifications, such as size, materials, color, etc. For non-architectural changes for landscape plantings, tiles, etc, include two (2) sets of drawings, at least one of which drawn on the lot survey of your property and a layout with configuration in respect to the exterior of the unit with specific description of materials.

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

I/We hereby make 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 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 it 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 city or county codes or zoning regulations.

OWNER SIGNATURE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

### ARCHITECTURAL REVIEW COMMITTEE DECISION

- THE ABOVE REQUEST HAS BEEN APPROVED AS SUBMITTED
- THE ABOVE REQUEST HAS BEEN APPROVED WITH THE FOLLOWING CONDITIONS:  
\_\_\_\_\_  
\_\_\_\_\_
- THE ABOVE REQUEST HAS BEEN DENIED FOR THE FOLLOWING REASON:  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_