

REQUEST FOR ARCHITECTURAL REVIEW

DIRECTIONS:

1. Fill in request information.
2. Sign form.
3. Submit the completed form with required attachments to:

Community: _____

Name _____

G.R.S. MANAGEMENT ASSOCIATES, INC.

3900 Woodlake Blvd., Suite 309

Lake Worth, FL 33463

Address _____

Phone _____ (W) _____

If you have any question about this form or what is required of you for your project, call the association office at (561) 641-8554.

A. Brief description. In the space below give a brief description of the alteration, improvement, addition or other change you would like to make to the exterior of your unit (to avoid delays, be as clear as possible):

B. Attach to this application the following checked items:

- ☐ SURVEY/PLOT PLAN showing location of the improvement
- ☐ PLAN, ELEVATIONS or DETAILED SKETCH
- ☐ PAINT COLOR CHIP
- ☐ OTHER

HOMEOWNER'S AFFIDAVIT

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

- ...for all losses caused to others as a result of this undertaking whether caused by me or others
- ...to comply with all local building codes or permit requirements.
- ...for any encroachment(s).
- ...to comply with conditions of acceptance (if any)
- ...to complete the project according to the approved plans
- ...to keep streets/sidewalks/common area free of dirt & debris on a daily basis. (I will be reasonable for any cost associated with clean up if association is required to maintain).

Signed: _____

(Homewoner)

Date: _____

Master Assoc.

Do Not Write Below This

- ☐ APPROVED* SUBJECT TO the Conditions to the right >>>>>>>>
*project MUST begin within _____ days and be completed in _____ days.

- ☐ INSUFFICIENT INFORMATION

Resubmit on new form. Be sure to include the following >>>>>>>>

- ☐ NOT APPROVED - See right>>

By _____, Date _____

By _____, Date _____