

**PALM BEACH TRACE CONDOMINIUM ASSOCIATION INC.
REQUEST FOR ARCHITECTURAL REVIEW**

Directions:

1. Fill in request information. 2. Sign form.

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

ASSOCIATION NAME: _____ **DATE:** _____

OWNER NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

HOME #: _____ **WORK #** _____ **CELL #:** _____

- 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:

- | | |
|------------------------------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> SURVEY/PLOT PLAN showing the location of the improvement. | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> PLAN, ELEVATIONS or DETAILED SKETCH | <input type="checkbox"/> PAINT COLOR CHIP |

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 permits requirements.
- For any encroachment (s)
- To comply with conditions of acceptance (if any).
- To complete the project according to the approved plans.

Signed _____
(Homeowner)

Date _____

Master
Assoc.

- | | |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> APPROVED by the Association |
| <input type="checkbox"/> | <input type="checkbox"/> APPROVED * Subject to the following conditions: _____
Project MUST begin within _____ days.
and to be completed in _____ days. |
| <input type="checkbox"/> | <input type="checkbox"/> INSUFFICIENT INFORMATION
Resubmit on a new form. Be sure to include the following _____ |
| <input type="checkbox"/> | <input type="checkbox"/> NOT APPROVED _____ |

By: _____ Date: _____

By: _____ Date: _____