## ST. GEORGE HOMEOWNERS ASSOCIATION, INC. ARCHITECTURAL CHANGE REQUEST

C/O GRS Management Associates, Inc. 3900 WOODLAKE BLVD., SUITE 309, LAKE WORTH, FL 33463 (561)641-8554 FAX: (561)641-9448

DA	TE:	
OW	VNER NAME:	
PR	OPERTY ADDRESS:	
MA	AILING ADDRESS:	-
НС	OME #: WORK # CELL #:	
spe of I	WORK #CELL #:equest permission to make the following change(s) to my home. If applicable, an architect's drawing and/or diecifications to must be used (including material and dimensions) MUST accompany this request in order to be considered by the configuration. For non-architectural changes such as landscaping and/or fencing include two (2) sets of drawings, at least of the unit with specific description.	dered by the Board east one drawn on
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	ONTRACTOR TO BE USED:	
СО	ONTRACTOR'S ADDRESS:	
СО	ONTRACTOR'S TELEPHONE NUMBER:	
hav is n	We understand that approval of our request must be granted before the inception of the project. If we acknowledge that we we the item removed if it is installed without prior written approval or it is different from the approved plans and/or specification not begun within ninety (90) days, a new application must be submitted. Board approval in no way eliminates the need to accept a content of the project.	tions. If the project
OW	VNER SIGNATURE:	
•••	<u>DO NOT WRITE BELOW THIS LINE</u> BOADR OF DIRECTORS REVIEW 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:	
ΔΙΙ'	ITHORIZED BY: DATE:	· -