ST. ANDREWS @ THE POLO CLUB ARCHITECTURAL REQUEST CHANGE

GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD, SUITE 309 LAKE WORTH, FL 33463

Office: 561-641-8775 Direct: 561-429-2065 Email: cbennis@grsmgt.com

DATE:
OWNER NAME:
PROPERTY ADDRESS:
PHONE #: EMAIL:
I request permission to make the following change(s) to my home. The architect's plans, drawings, material specifications, and copies of the contractor's current license, workers compensation and certificate of insurance listing St. Andrews @ The Polo C as the additional insurance and/or certificate holder must be attached before application will be considered, upon association approval, copies of building permits from the Village of Wellington must be provided prior to commencing work. For flooring installation, STC 57 and ITC 57 ratings must be supported with documented data sheet on sound testing. In addition, a sample the soundproofing material must be supplied accompanying this paperwork. The Management Office must be notified when to soundproofing installation is completed so that we may inspect and take a picture of the installed areas for future reference.
CONTRACTOR TO BE USED:
CONTRACTOR'S ADDRESS:
CONTRACTOR'S TELEPHONE #: EMAIL:
ARCHITECTURAL CHANGE (indicate type of flooring if applicable):
I/We understand that approval of our request must be granted before the inception of the project. I/We acknowledge that w could be forced to have the item removed if it is installed without prior written approval or if different from the approved pla and/or specifications. If the project is not begun within ninety (90) days, a new application must be submitted. Board approve no way eliminates the need to adhere city or county codes or zoning regulations.
OWNER SIGNATURE:
ARCHITECTURAL REVIEW COMMITTEE DECISION
THE ABOVE REQUEST HAS BEEN APPROVED AS SUBMITTEDTHE ABOVE REQUEST HAS BEEN APPROVED WITH THE FOLLOWING CONDITION(S):
THE ABOVE REQUEST HAS BEEN DENIED FOR THE FOLLOWING REASON(S):
AUTHORIZED DV.