

TOWN PLACE CONDOMINIUM ASSOCIATION, INC.
REQUEST FOR ARCHITECTURAL REVIEW
O: (561)641-8554 | F: (561)641-9448
www.grsmgt.com | residentservices@grsmgt.com

Directions:

1. Fill-in requested information 2. Sign form 3. Please mail in with the required documents attached to the address:

GRS Community Management, Inc.
3900 Woodlake Blvd Suite 309
Lake Worth FL 33463

Owner's Name: _____ Date: _____
Property Address: _____ Unit Number: _____
Mailing address (If different): _____
Home #: _____ Work #: _____ Email: _____

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):

Please Attach the following items to this application:

- ☐ Accordion Shutters: Must be **Beige** (Please specify on application)
Impact Windows must be: **Clear** or **Gray** (Please specify on application)
- ☐ Survey/Plot Plan showing the location of the improvement.
- ☐ Copy of Contractor's Occupational License, Certificate of Liability and Worker's Compensation.
(The Insurance Certificate needs to be written with TOWN PLACE CONDOMINIUM as the certificate holder. See Below.)

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- ☐ Plan, Elevations or Detailed Sketch

*CONTRACTOR TO BE USED: _____ *TELEPHONE NUMBER: _____

*ESTIMATED TIME OF COMPLETION: _____ *EMAIL: _____

Materials you may need to provide for the Association to make a decision on your request include:

1. A picture, drawing or advertising materials displaying the items you are requesting for installation.
2. A sample of the type and texture of any building materials that may be used on the house exterior.
3. A sample of the color of paint or other materials that may be used on the house exterior.
4. Any other materials or information that may assist in Association evaluation of the project.
5. A site plan showing your unit and where the changes will be made.

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It is understood that the changes or modifications which you are requesting may not:

1. Interfere with or obstruct any easements on your property or the adjoining property.
2. Cause a nuisance or interference with the peace or privacy of the other people in the community.
3. Be performed by unlicensed contractors or without the required permits from all governmental agencies.
4. Upon approval of your Architectural Application, the work must commence within forty-five (45) days and be completed in a reasonable amount of time. Failure to start the work in the forty-five (45) day period will require you resubmitting a new application.

Homeowner's Signature: _____ Dated: _____

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: _____

Approved by [Print Name]: _____ Title: _____

Signature: _____ Date: _____