

FOREST HILL VILLAS GARDEN CONDOMINIUM ASSOCIATION, INC

ARCHITECTURAL REVIEW FORM

T: (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 with the required documents attached to the address:

GRS Management Associates Inc.

3900 Woodlake Blvd Suite 309

Lake Worth FL 33463

OWNER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ UNIT #: \_\_\_\_\_

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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Commencement: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

Please Attach the following items to this application:

- Survey/Plot Plan showing the location of the improvement.
Copy of Contractor's License, Certificate of Liability and Worker's Compensation
Paint Color chip/Scheme
Plan, Elevations or Detailed Sketch

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.

(Homeowner) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

- APPROVED by the Association
APPROVED \* Subject to the following conditions:
Project MUST begin within \_\_\_\_\_ days.
and to be completed in \_\_\_\_\_ days.
INSUFFICIENT INFORMATION.
Resubmit on a new form. Be sure to include the following:
NOT APPROVED:

By: \_\_\_\_\_ Date: \_\_\_\_\_