

3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463 Ph: (561) 641-8554 / Fx: (561) 641-9448

## PALM BEACH PLACE CONDOMINIUM ASSOCIATION, INC. REQUEST FOR ARCHITECTURAL REVIEW

Name:		Address:		
Home/Cell	Phone No.:	Work Phone No.:	Work Phone No.:	
Directions	:			
1. Pro	- ovide requested informat	ion.		
2. Co	mplete and sign the Requ	lest for Architectural Review form and attach required information.		
<b>3.</b> Su	bmit completed applicati	on and required documentation (if applicable) to the Association at		
17	80 Windorah Way, West	Palm Beach, FL 33411, or email to Kpepper@grsmgt.com.		
Requireme	ents:			
· · · · · · · · · · · · · · · · · · ·		pace below or an attached page, give a description of the alteration	'n,	
	•	other change you would like to make to your Condo (Please include su	ch	
		aterials, color. design. location and other pertinent data.		
	ease attach to this docum	<u> </u>		
		g the location of the improvement. Plans elevation or detailed sketch.		
		. Association approval shall be in place prior to permitting process.		
	copies of the contracto	's certificates of insurance, inclusive of Liability and Workers Compensation	n.	
Description	n of Project:			
<u> Descriptio</u>	<u>ir or r roject.</u>			
			_	
			_	
	• • •	our request must be granted before the inception of the project. I/V		
	_	ed to have the item removed if it is installed without prior written approv		
		ans and/or specifications. If the project is not begun within ninety (90) day		
		ed. Board approval in no way eliminates the need to adhere city or coun	ity	
codes or zo	oning regulations.			
Date of Re	quest:	Homeowner Signature:	_	
Projected S	Start Date:	Projected Completion Date:	_	
		DO NOT WRITE BELOW THIS LINE		
	Approved			
		t information. Resubmit requested information.		
	_	the following:		
	Denial not annrow	d for the following reasons:	_	
	Demai, not approve	d for the following reasons.	_	
AUTHORIZED BY:		DATE:		

\*Follow-Up for Architectural Request Completed - Approved on \_\_\_\_\_\_