

**SEASIDE DUNES ASSOCIATION, INC.  
REQUEST FOR ARCHITECTURAL REVIEW**

T: (561)641-8554 | F: (561)641-9448  
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  
3900 Woodlake Blvd Suite 309  
Lake Worth, FL 33463**

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

**PROPERTY ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS(If different):** \_\_\_\_\_

**HOME #:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

- 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):

---

---

---

- B. **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.  
(The Insurance needs to be written with SEASIDE DUNES ASSOCIATION, INC.as the certificate holder. See Below.)

**SEASIDE DUNES ASSOCIATION, INC.  
C/O GRS Community Management  
3900 Woodlake Blvd, Suite 309  
Lake Worth, FL 33463**

- ❖ Paint Color chip/Scheme
- ❖ Plan, Elevations, Detailed Sketch or Work Scope

**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: \_\_\_\_\_