## REQUEST FOR ARCHITECTURAL REVIEW

G	1. Fill in request information.
Community:	2. Sign form.  3. Submit the completed form with required attachments to:
Name	3900 Woodlake Blvd., Suite 309 Lake Worth, FL 33463
Address	
Phone	[W] If you have any question about this form or what is required of you for your project, call the association office at (561) 641-8554.
<ul><li>A. Brief description. In the space change you would like to make the space of the space</li></ul>	ace below give a brief description of the alteration, improvement, addition or other ake to the exterior of your unit (to avoid delays, be as clear as possible):
D. Attach to this application th	e following <u>checked</u> nems:
( ) SURVEY/PLOT PLAN showing location of the improvement  ( ) PLAN, ELEVATIONS or DETAILED SKETCH  ( ) PAINT COLOR CHIP  ( ) OTHER	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 othersto comply with all local building codes or permit requirementsfor any encroachment(s)to comply with conditions of acceptance (if any)to complete the project according to the approved plansto keep streets/sidewalks/common area free of dirt & debris on a daily basis. (I will be reasonable for any cost associated with clean up if association is required to maintain).  Signed:  (Homewoner)
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Resubmit on new for include the following  ( ) NOT APPROVED -	m. Be sure to
Ву	
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