



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

ATLANTIC GROVE TOWNHOME ASSOCIATION, INC.
ARCHITECTURAL APPLICATION

Homeowner Name(s): _____

Address: _____ Lot No.: _____

Contact Telephone No.: _____ Alternate Number: _____

Describe in detail the changes and/or modifications in which you are seeking approval:

Please complete and sign this form and attach the following applicable information:

1. ***Non-refundable \$25.00 application fee made payable to GRS Community Management in the form of a money order or cashier's check.***
2. Copy of contractor proposal and sketch of work to be done.
3. Copy of contractor's occupational license.
4. Copy of contractor's liability insurance and workman's compensation insurance; certificate holder and additional insured must state/indicate **Atlantic Grove Townhome Association.**
5. Copy of homeowner's property survey indicating location of changes or modifications.
6. **Copy of Permit Application and Sign off when completed.**

Materials you **may** need to provide to the Association for the approval of the requested changes/modifications.

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 lot, the location of your home on the lot, and where the changes will be made.

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 your submitting a new application.

Homeowner(s) Signature: _____

Date: _____

_____ Approved

_____ Conditionally Approved

_____ Disapproved

Authorized Signature: _____

Date: _____



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ASSOCIATION: ATLANTIC GROVE TOWNHOME ASSOCIATION

RE: CODES

Please be advised this ARC approval is subject to County Codes, setbacks, and permit conditions required. If at a later point it is found you have not complied with these procedures, **you, the Homeowner(s), will be held responsible** for any and all changes that would be required.

Homeowner Signature: _____

Date: _____

Homeowner Signature: _____

Date: _____

You will be notified within thirty (30) days of Architectural Review Board approval or disapproval of your request for changes or modifications. You will be required to accept the responsibility of maintaining any landscape changes you make.