LAKEFIELD WEST

Architectural Review Committee

c/o GRS Community Management 3900Woodlake Blvd., Suite 309, Lake Worth, FL 33463 Phone: 561-641-8554, Email: residentservices@grsmgt.com

List of documents required for the most common projects

DRIVEWAY/PATIO EXTENSIONS

ARC Form
Lot Survey with Project Drawing
*Paver Color MUST match pavers

FENCE

ARC Form

Lot Survey with Project Drawing Description of fence (material, color, height and location of gates)

GARAGE/FRONT DOORS FAUX-WOOD

PAINT ARC Form

Sample color chip/photo of proposed grain finish

HURRICANE SHUTTERS

ARC Form

Lot Survey with Project Drawing

LANDSCAPE

ARC Form

Lot Survey with Project Drawing

PAINT: ROOF

ARC Form and Color scheme or color sample

SCREEN ENCLOSURES

ARC Form

Lot Survey with Project Drawing

SWIMMING POOL/SPA

ARC Form

Complete set of plans as per Village of Wellington requirements

Lot Survey with Project Drawing

OTHER PROJECTS NOT LISTED ABOVE – Any other project not listed above requires the following:

- □ ARC Form
- □ Lot Survey with project drawing (additions, alteration, removal) not paintrelated

PLEASE NOTE:

SUBMISSION OF THE REQUIRED DOCUMENTS $\underline{\text{DOES NOT GUARANTEE}}$ THE PROJECT WILL BE APPROVED.

THE COMMITTEE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO CONSIDER YOUR REQUEST.

PLEASE DO NOT BEGIN ANY PROJECT UNTIL YOU ARE ADVISED THAT YOU HAVE BEEN APPROVED

The approval will be issued by the Lakefield West Homeowners' Association Architectural Review Committee c/o GRS Community Management

IT IS RECOMMENDED THAT THE HOMEWOWNER CONSULT WITH THE VILLAGE OF WELLINGTON IF A PERMIT IS REQUIRED FOR THE PROPOSED PROJECT.

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Request to Architectural Review Committee for Approval to Modify Property

		_	tions, sign and submit to GRS Community Management for review Property Address:	
Ma	ailing Address:			
Ph	ione:	Alternate Phone:	: Email:	
In to	accordance with requirer which I belong, I hereby	ments of the Architectrequest approval for if necessary):	ectural Review Committee of the Association and/or the requirement the following modification: (describe the modification requested	
Co	onditions:			_
1.	Please consult the Ass	sociation Architect	tural Review Guidelines for restrictions and proper procedures.	
2.			requested, please attach a complete set of plans and specification in the requalified person.	ons
3.			pecifications must show the nature, kind, shape, height, materials, I change or alteration, depending on the type of modification	
4.	One copy of the final I attached.	ot Survey indicating	g the location and dimensions of the proposed modifications must	be
5.	assigns, hereby assume alteration, or change ar	es sole responsibility and shall indemnify and (including attorneys	equest for a change, alteration or addition, the applicant, his heirs of for the repair, maintenance or replacement of any such addition, and hold each Association harmless from and against all claims, case's fees) made against each Association in connection with, or as a under this request.	uses
sidewalks and landscaped areas and any other com			at they shall be responsible to any and all damage to roadways, ther common areas governed by the Association or any other prop or arising out of the construction of the improvements.	erty
7.	The applicant assumes all responsibility for any infringement on or interference with existing facilities are easements on the property.			ıd
8.	An approval or denial receipt of this request t	for each applicable A	Association will be delivered within 30 days after that Association uired materials.	ı's
9.	Approval of this request the requested modification community.	st does not constitute tion and is intended	te approval of the structural integrity or building code conformance solely to maintain harmonious visual aesthetics within the	e of
10.	No work may commen	ce until the Associat	tion has signed and approved this request.	
Αŗ	oplicant's Signature:		Date:	
Ac	ction Taken:	approved	_ Disapproved	
Γhe	e following information	is required, or appro	oval is conditioned upon:	
	Approva	l Signature:	Date:	

Date: ____

Approval Signature: