



3900 Woodlake Blvd. Suite 309
Lake Worth, FL 33463
Phone: 561-641-8554 Fax: 561-641-9448

VILLAGIO DEL MAR HOMEOWNERS' ASSOCIATION

REQUEST FOR ARCHITECTURAL MODIFICATION

Date: _____ Address: _____

I, _____, hereby request approval by the Board of Directors, for the modification to my property, shown below: _____

Upon approval of my request, at the next Board Meeting, for this modification, I/We will assume all liability for any damage incurred as a result of this modification as well as any additional maintenance costs that may be incurred. I agree to obtain any permits that may be required by any and all governmental agencies for this modification.

Attached please find the following additional information.

- _____ Contractor's License.
- _____ Contractor's Liability Insurance. Contractor's Worker's Comp Insurance.
- _____ Copy of contract, amounts not necessary. NOA product approval, if applicable.
- _____ A sketch, including the dimensions, of the proposed modifications. Copy of the survey of the property, if applicable.
- _____ Color samples and photos, if applicable.

Please submit completed application to the GRS Community Management Office at 3900 Woodlake Blvd. Suite 309, Lake Worth, FL 33463. I also agree to submit a copy of the closed permit within 10 days, showing the modification has been inspected and passed, to the Villagio Del Mar Homeowners' Association.

Signature: _____ Date: _____

_____ Approved and aesthetically matches and conforms with neighboring units.

_____ Approved with the following changes: _____

_____ Denied: _____

For the Board of Directors: _____

Date: _____