



3900 Woodlake Blvd. Suite 309
Lake Worth, FL 33463
Phone: 561-641-8554 Fax: 651-641-9448

ABBINGTON HOMEOWNERS' ASSOCIATION, INC.

ARCHITECTURAL APPLICATION AND GUIDELINES

Name: _____ Date: _____

Address: _____ Subdivision: _____ Lot: _____

Phone: _____ Email: _____

Approval is hereby requested to make the following modifications, alterations, or addition to my home or lot.

Please attach a detailed description of the modification/improvement (ie: color, size, materials to be used), along with a lot survey containing a scaled drawing of the location of the modification/improvement, and copy of professional license and proof of insurance of contractor who will be performing the work if other than the homeowner.

I Agree:

1. To abide by the decision of the ARC/Board of Directors.
2. That if the modification is not completed as approved, said approval can be revoked and the modification removed.
3. That I am responsible for restoring all property affected by my installation/modification to its prior condition and that I am responsible to pay for and repair all damages done to any common area or adjoining property as a result of the installation/modification within a reasonable time following completion.
4. That I may be required to place a deposit with the Association in the amount of \$200.00-\$1,500.00, depending on the size and nature of project, to secure against property damaged as a result of the installation/modification. Once the installation/modification is completed and the property is appropriately restored, as determined by the Board, the deposit will be returned to me. Should I fail to restore or repair damaged property caused by the installation/modification within a reasonable time, the Association will have the right to use my deposit to complete the repairs.
5. To obtain all necessary permits and comply with all State, County, and City codes and ordinances.
6. That I am responsible for having all public and private utilities located prior to commencing work on any improvement/modification that requires any digging or excavation, and that the ARC will not approve this application until I have returned the attached Irrigation Review Form executed by a representative of Association's irrigation vendor.

I have read, understand, and agree to all the above: Signature: _____

Please bring all paperwork to the GRS Community Management Office at: 3900 Woodlake Blvd. suite 309, Lake Worth, FL 33463

ABBINGTON HOMEOWNERS' ASSOCIATION, INC.

Date received by ARC Committee: _____ BOD Member Initials: _____

Application not completed, contacted owner: _____

Approved: Property Manager: _____
 ARC Committee: _____

Denied: Property Manager: _____
 ARC Committee: _____

Deposit Amount (if applicable): _____

Comments:

