



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463

Ph: (561) 641-8554 / www.grsmgt.com

REQUEST FOR ARCHITECTURAL COMMITTEE APPROVAL TO MODIFY UNIT AND/OR PROPERTY

Please note there is a required **Architectural Modification Application Processing Fee** in the amount of **\$25.00 payable to GRS Community Management** in the form of a money order or cashier's check.

CONTRACTOR/VENDOR GUIDELINES

All Homeowner and Condominium Associations require the following documents to be **provided by the Contractor/Vendor to the Homeowner** and submitted in whole with the Modification Application and Fee to be processed expeditiously:

1. _____ Current copy of Contractor/Vendor Occupational License.
2. _____ Current copies of a Contractor/Vendor Certificate of Liability Insurance, Automobile/Vehicle Insurance and Workers Compensation Insurance (or an Exempt Certificate must be provided).

The COI's Certificate Holder must reflect the following verbiage:

"Name of Association" (*in which the project is contracted*)
c/o GRS Community Management
3900 Woodlake Blvd. Suite 309
Lake Worth, FL 33463

The Association must be named as an Additional Insured.

3. _____ No Application will be processed without being completed in its' entirety and submitted without all required supporting documentation as listed above and/or the fee(s).
4. _____ Applications and/or documentation submitted in part(s) or through a third party will not be accepted and will be returned to the Homeowner.

Please submit payment with the attached application and ALL required documentation.

Thank you.

CLOISTERS PROPERTY OWNERS' ASSOCIATION

C/O GRS COMMUNITY MANAGEMENT
3900 Woodlake Blvd. Suite 309
Lake Worth, FL 33463
Phone: 561-641-8554 Fax: 561-641-9448
www.grsmgt.com

Architectural Request Form

Owner's Name: _____ Date: _____

Property Address: _____

Mailing Address: _____

Phone: (H) _____ (C) _____ (W) _____

I request permission to make the following change(s) to my home: _____

Contractor Name: _____ Phone: _____

Contractor Address: _____

**HOMEOWNERS ARE RESPONSIBLE FOR ALL PERMITS.
CONTACT THE CITY OF GREENACRES BEFORE STARTING ANY PROJECT!
DO NOT PAY DEPOSITS TO CONTRACTORS UNTIL YOU HAVE APPROVAL**

You are required to include with this request:

- For architectural changes: two (2) sets of architect's drawing and/or including material and dimensions.
- For non-architectural changes such as landscaping, patios, etc, two (2) sets of drawings, drawn on the lot survey of your property and a layout with configuration in respect to the exterior of the unit with specific description of materials. No structural exterior alterations will be permitted.
- A copy of the Contractor's license, liability insurance and Workers Compensation certificates must be attached.
- Name of person you contacted at the City of Greenacres:

- A copy of all emails (if any) you sent to or received from persons at The City of Greenacres.
- \$25 non-refundable processing fee made payable to GRS Community Management. Money order or cashier's checks only.

If the project is not begun within 90 days, a new application must be submitted. Any damage to Association Property must be repaired immediately at the owner's expense.

I understand that approval of this request must be granted before the inception of the project. I acknowledge that I could be forced to have the item removed if it is installed without prior written approval or if it is different from the approved plans and/or specifications. ARC approval in no way eliminates the need to adhere to City or County Codes and it is my responsibility to apply for any and all applicable building permits. I further acknowledge that the Association is not required to repair, replace or maintain any such approved change, addition, or alteration to the structure of property. The applicant, heirs and assigns hereto, assume sole responsibility for the repair, maintenance, or replacement of any such change, addition, or alteration. Additionally, the owner assumes total liability for all losses, expenses, and attorneys' fees in connection to any such change or alteration to the property or surrounding area.

Owner Signature: _____ Date: _____

**APPLICATION, DOCUMENTATION, AND FEES SHOULD BE SUBMITTED VIA MAIL
OR HAND-DELIVERED TO THE FOLLOWING ADDRESS:**

**GRS Community Management
3900 Woodlake Blvd. Suite 309
Lake Worth, FL 33463**

Architectural Review Committee

Approved as submitted _____ Approved with the condition(s) listed below _____ Denied for the reason(s) listed below _____

ARC Approval: _____ Date: _____