

# 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](http://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 \_\_\_\_\_

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ARC Approval: \_\_\_\_\_ Date: \_\_\_\_\_