



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.

Crosswinds at River Bridge Condominium Association, Inc.

REQUEST FOR REVIEW FOR ARCHITECTURAL MODIFICATION

HOMEOWNER NAME: _____

ADDRESS: _____ LOT NO.: _____

NAME OF COMMUNITY: _____

PHONE NUMBER: _____ PHONE NUMBER 2: _____

EMAIL(S): _____

Approval is hereby requested to make the following modification(s), alteration(s) or addition(s) as described and depicted below and/or on additional pages as necessary. Please include details such as the dimension, materials, color, design, location and any other pertinent data.

MODIFICATION DESCRIPTION:

I understand and will comply to:

1. That if the modification is not completed as approved, said approval can be revoked and the modification will be required to be removed by the owner at the owner's expense.
2. That I am responsible to pay for and repair any and all damage done to the common areas as a result of the installation.
3. To comply with the status, county or city building codes and obtain all necessary permits if applicable.
4. To abide by the decision of the ARB or the Board of Directors.
5. That if the modification is not approved or does not comply, I/we may subject to court action by the Association and that I/We shall be responsible for all reasonable attorney's fees.
6. If the Association incurs an expense while considering the application with an outside profession (such as a licensed architect) the applicant will be responsible for said fee.
7. \$25.00 processing fee made payable to GRS Community Management. Money order or cashier's check only.

Signature of Homeowner

Date of Request

***PLEASE SUBMIT APPLICATION AND PAYMENT TO:**

GRS COMMUNITY MANAGEMENT. 3900 WOODLAKE BLVD., SUITE 309, LAKE WORTH, FL 33463

ARB/BOARD OF DIRECTORS USE ONLY:

Date Received: _____ Date Reviewed: _____

____ Approved

____ Approved; Subject To

____ Disapproved

Notes/Explanation: _____

Signature of ARB/Board Member: _____