



# ARCHITECTURAL MODIFICATION REQUEST



ADDRESS

UNIT NO.

OWNER (Applicant)

TEL (Day)

TEL (Evening)

EMAIL

CONTRACTOR

ADDRESS

CONTRACTOR'S TEL (Day)

TEL (Evening)

EMAIL

Approval is hereby requested to make the following modification(s), alteration(s) improvement(s) or addition(s) as described below or on additional attached pages as necessary:

**In order for the Association to properly review your request, you must include such details as the dimensions, materials, paint colors, design, location, pictures or any other pertinent data, such as drawings, surveys and the NOA'S, (product approval), from Broward County. Attach a sample. Copies of Contractors' License and current Certificate of Insurance, listing the Association as an insured must be attached. All contractors are responsible for removal of all debris as a result of the modification. No debris is to be disposed on common area property or in the dumpster.**

### HOMEOWNER'S AFFIDAVIT:

1. I have read the covenants and restrictions of the Association and agree to abide by such covenants and restrictions.
2. I agree not to proceed with request until I receive the prior written consent of the Board of Directors.
3. I agree that if the modification is not completed as approved, said approval can be revoked and the modification removed at the owner's expense.
4. I will in no way alter, modify or cause damage to any common areas or common structures. I agree that I shall be wholly and fully liable and responsible for any and all damage done to common areas as a result of the modification.
5. I agree to abide by the decision of the Board of Directors.
6. I agree to comply with State and County building and electrical codes.
7. I agree to obtain all necessary permits, (if applicable), and provide same to the Board of Directors.

Applicant's Signature

Date of Request

THIS SECTION FOR ASSOCIATION USE ONLY

APPROVAL IS VALID FOR 90 DAYS

APPROVED

DENIED

BY:

NAME

SIGNATURE

DATE

COMMENTS: