

PO Box F-42333 Royal Palm Way Freeport, Grand Bahama bahamareefboard@gmail.com

ARCHITECTURAL MODIFICATION REQUEST FORM

Homeowner's Name:				
Unit Number:				
Primary Phone Number:		Cell	Landline _	
Email Address:				
This application is an:				
Initial Submittal	_Addition/Modifica	ation to a Submi	ttal	
I/we request approval of the	e installation of the	e following altera	ations to our unit:	
Windows Ex	kterior Door(s)	Interior Mod	ification/Remodel	
Comments & Notes about	work (can attach a	idditional pages	if needed):	
Include with Submittal: Picture of Existing A	.rea/Conditions _	List of Ma	terials to be used	Design Drawing
To Be Constructed By (incl	ude contractors, e	•	ber, etc.) (must be a l mber:	,
		Phone nui	mber:	
		Phone nui	mber:	
		Phone nui	mber:	
By providing your contractor directly for additional information	-	r, you are autho	rizing the association	to contact the contractor(s)
Condominiums and Bylaws that my plans will be revi disapproval, or a request f receipt by the ARC of all re	s and have provide ewed by the Arcl for additional infor quired materials. E	ed as much deta hitectural Revie mation/materials Each owner shal	ail as possible to repo w Committee (ARC) s will be rendered wi Il be responsible for o	et forth by the Declaration of resent my plans. I understand and a decision of approval, thin 14 days after the date of obtaining all necessary permits Freeport GB and /or the Port
Signature			Date	
Signature			 Date	

Email Completed form to: bahamareefboard@gmail.com

Approved:	Not Approved:	
Comments:		
Board Member Name	Signature	
Board Member Name	Signature	