

ANY APPROVAL BY THE ASSOCIATION IS SUBJECT TO THE OWNER COMPLYING WITH ALL LOCAL, COUNTY AND STATE LAW, ORDINANCES, RULES, REQUIREMENTS, ETC. A COPY OF THE SURVEY OF THE LOT ON WHICH PROPOSED LOCATION OF THE IMPROVEMENT IS MARKED MUST ACCOMPANY THIS FORM.

Request for Architectural Modification Committee Review

<u>Document Checklist</u>	
Survey/Plot Plan	Specifications
Bldg. Plans	Permit
Elevations	Photos
Details	Other (noted)
_____	_____
_____	_____
_____	_____

<u>Request Form</u>	
Date	: _____
Mr/Mrs	: _____
Unit Address	: _____
Phone No.	: _____
Mailing Addr	: _____
_____	_____

Please give a brief description of all additions, alterations, improvements, etc.:

Contractor: _____
Address: _____ _____
Cert. of Insurance: _____
Occupational License No: _____
Cert. of Competency: _____

<u>Homeowners Affidavit</u>	
I have read the covenants and restrictions of my Association and agree to abide by such covenants and restrictions. No work will commence without the approval of my Association.	
* MAINTENANCE FOR ENCLOSURES IS THE RESPONSIBILITY OF THE OWNERS	
	Date: _____
Signed: _____	

For Association Use Only:

This form does not convey approval of requested architectural modifications. If your request is approved, then the Board of Directors will issue an approval certificate.

Return Form To: ALL FLORIDA MANAGEMENT P.O. BOX 668367 POMPANO BCH., FL 33066
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