

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**

**Document Checklist**

Survey/Plot Plan	Specifications
Bldg. Plans	Permit
Elevations	Photos
Details	Other (noted)
_____	_____
_____	_____
_____	_____

**Request Form**

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: \_\_\_\_\_

**Homeowners Affidavit**

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:**

**Approved by P.O.A. or Association Board**

**Preliminary approval subject to review**

**Insufficient information submitted – resubmit**

**Not Approved (noted)**

\_\_\_\_\_

\_\_\_\_\_

Association Agent: \_\_\_\_\_

Date: \_\_\_\_\_

**Return Form To:**

**ALL FLORIDA MANAGEMENT  
P.O. BOX 668367  
POMPANO BCH., FL 33066**