



Architectural Modification Approval Request

The corresponding unit owner wishing to do any type of modification to the exterior of his unit must complete this form and submit to:

**Professional Management & Association Services, Inc
12905 SW 132 STREET SUITE #5, MIAMI FL 33186.**

Please also include Money Order or Cashier's Check of \$25.00 payable to Professional Management & Association Services Inc.

Once it has been fully completed the Architectural Control Committee will review application and a determination will be made on the requested modification.

**DATE OF REQUEST:
UNIT OWNER NAME:
PROPERTY ADDRESS:
COMMUNITY NAME:
TELEPHONE NUMBER:
ACCOUNT NUMBER:**

Approval is hereby requested for the following modification as depicted below and/or attached pages. Please be specific as to the design, location, color, dimensions, materials, and any other pertinent information needed to review such request. Please include a photograph of the projected area of the modification, along with a site plan. Also include license and insurance of contractor.

Please state request:

Unit Owner Signature

Date of Completion

Alterations and modifications are subject to all applicable requirements by _____ County Building and Zoning Codes and to all-applicable rules and regulations in the Governing Documents of the Association. The Association nor its members are in no way liable nor responsible for any damage or injury arising out of or in any way connected with the performance or nonperformance of the Board's duties hereunder. The Architectural Control Committee will approve or disapprove this request based on aesthetic appearance only.

☐ **Approved**

(Approval is subject to unit owner obtaining the necessary permits from Building and Zoning.)

☐ **Disapproved**

Reviewed By: _____
ACC Committee, Board of Directors, and/or Agent

Date: _____

Restrictions or Conditions of Modification Request: _____

