

# VENETIAN ISLES AT LAKE CORAL SPRINGS COMMUNITY ASSOCIATION, INC.

REQUEST FOR REVIEW OF ARCHITECTURAL MODIFICATION  
PLEASE BE ADVISED THAT THE ARC HAS 30 DAYS TO REVIEW AND APPROVE OR DISAPPROVE

Owner's Name		
Street Address		
Day Phone:	Cell Phone:	E-mail:

Approval is hereby requested for the following modification (s), addition(s), and/or alteration(s) as described below:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> RESUBMITTAL           | <input type="checkbox"/> Generator                              | <input type="checkbox"/> Pool             |
| <input type="checkbox"/> Door Identical        | <input type="checkbox"/> Hurricane Shutters                     | <input type="checkbox"/> Screen Enclosure |
| <input type="checkbox"/> Doors New             | <input type="checkbox"/> Landscaping (Major change to existing) | <input type="checkbox"/> Solar Panels     |
| <input type="checkbox"/> Driveway New          | <input type="checkbox"/> Patio                                  | <input type="checkbox"/> Wall   Fence     |
| <input type="checkbox"/> Exterior Modification | <input type="checkbox"/> Pergola   Gazebo                       | <input type="checkbox"/> Windows          |
| <input type="checkbox"/> Exterior Paint        | <input type="checkbox"/> Play Structure                         | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Garage Door           | <input type="checkbox"/> Roof                                   |   |

Explanation of Proposed Work. Please be specific and use additional paper if more space is required.


**Company | Contractor Name:** \_\_\_\_\_

The following documentation must be submitted with this application:

- License of Contractor.
- Certificate of Liability Insurance, naming Venetian Isles at Lake Coral Springs Community Association, Inc c/o RealManage, P.O. Box 803555, Dallas, TX as an Additional Insured. 10-day Notice of Cancellation required.
- Worker's compensation or formal exemption from the State of Florida.

Please submit the following with the application:

- Current photo of your home identifying where the proposed work is to be done.
- Photos or illustrations of proposed work (eg materials, colors, plants, etc.)

## YOU ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

1. YOU ARE RESPONSIBLE FOR OBTAINING ANY NECESSARY PERMITS FROM THE APPROPRIATE BUILDING AND ZONING DEPARTMENTS.
2. ACCESS TO AREAS OF CONSTRUCTION IS ONLY ALLOWED THROUGH YOUR PROPERTY.
3. YOU ARE RESPONSIBLE TO PAY FOR AND REPAIR ANY AND ALL DAMAGE DONE TO THE COMMON AREA PROPERTY AND/OR RESTORING ANY DAMAGE TO COMMON PROPERTY TO ITS ORIGINAL CONDITION RESULTING IN NEGLIGENCE OR ERROR FROM THE CONTRACTOR YOU HAVE HIRED TO PERFORM WORK ON YOUR HOME.
4. ANY IMPROVEMENTS MADE PRIOR TO APPROVAL FROM THE ARCHITECTURAL REVIEW COMMITTEE (ARC) ARE SUBJECT TO REMOVAL.
5. IF THE MODIFICATION IS NOT APPROVED OR DOES NOT COMPLY, YOU MAY BE SUBJECT TO COURT ACTION BY THE ASSOCIATION AND YOU SHALL BE RESPONSIBLE FOR ALL REASONABLE ATTORNEY'S FEES.
6. FOR ROOF OR PAINT APPROVAL, HOMEOWNER CONFIRMS THAT NO HOME ON ANY SIDE, ACROSS THE STREET OR BEHIND, HAS THE SAME COLOR AS BEING REQUESTED. FURTHERMORE, HOMEOWNER ACKNOWLEDGES AND AGREES THAT IF THEY PROCEED WITH THE WORK, REGARDLESS OF HOA APPROVAL, THEY WILL BE RESPONSIBLE TO REDO THE WORK ACCORDINGLY.

Anticipated Commencement Date:
Completion Date:
Owner's Signature:

**All required forms to be submitted to [venisles@ciramail.com](mailto:venisles@ciramail.com)**

**FOR ARCHITECTURAL REVIEW COMMITTEE USE ONLY**

\*\*\*\*\*

Date Received \_\_\_\_\_ ( ) Approved \_\_\_\_\_

Date Notified \_\_\_\_\_ ( ) Disapproved \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Committee Members Signature Required:**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_