REQUEST FOR ARCHITECTURAL REVIEW

Park Lane Condominium
c/o JMA Community Management

Please only start projects after written approval is received.

Date_____

To: Association Management

Unit Owner_____ Unit #_____

Address _____

Phone #_____ EMAIL_____

Describe in detail the modification action being requested. **REQUIRED ATTACHMENTS: Photos, Drawing, Scope of Work**

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_____

Will this work be PERMITTED? YES_____ NO_____

I have read the Covenants and Restrictions of my Community Association and agree to abide by them. I understand and, in return for approval, I agree to be responsible for all losses caused to others as a result of these tasks, to comply with all local building codes or permits requirements, to complete the project according to the approved plans, and to keep sidewalks, streets, common area free of dirt, debris daily. I will be responsible for any cost associated with clean-up if the association is required.

Signature: _____ Date: _____

Contractor/Vendor Documentation and information is REQUIRED for all approvals.

Name of Company/Contractor_____

Address_____Phone#_____

Copies of: _____ Certificate of Liability Insurance

_____ Workers Compensation Liability

_____ State of Florida Professional License

_____ Palm Beach County Business Tax Receipt LBTR

_____ Plan or Detail Sketch

_____ Contractor's Scope of Work

Notice of Acceptance and Product Specifications may be **Required** for Windows, Exterior Doors, and Storm Shutters**. These items may require a Notice of Commencement from the Building Department.**

ASSOCIATION and Management Company MUST Be Listed as Certificate Holder.

Park Lane Condominium
JMA COMMUNITY MANAGEMENT

DO NOT SUBMIT AN APPLICATION UNLESS ALL INFORMATION REQUESTED IS INCLUDED