REQUEST FOR ARCHITECTURAL REVIEW

The Atlantis Sherbrooke Villas East 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. <u>REQU</u>	JIRED ATTACHMENTS: Photos, Drawing, Scope of Work
Will this work be PERMITTED? YES	S NO	
return for approval, I agree to building codes or permits requ	be responsible for all losse irements, to complete the	nunity Association and agree to abide by them. I understand and, in es caused to others as a result of these tasks, to comply with all local e project according to the approved plans, and to keep sidewalks, responsible for any cost associated with clean-up if the association is
Signature:	D	Date:
Contractor/Vendor Documentation	·	
Name of Company/Contractor		
Address	dressPhone#	
Copies of: Certificate of Lie	ability Insurance	Plan or Detail Sketch
Workers Compe	ensation Liability	Contractor's Scope of Work
State of Florida	Professional License	
Palm Beach Cou	inty Business Tax Receipt LBT	'R

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.

The Atlantis Sherbrooke Villas East Condominium JMA COMMUNITY MANAGEMENT

DO NOT SUBMIT AN APPLICATION UNLESS ALL INFORMATION REQUESTED IS INCLUDED
