Laurel Cove Homeowners' Association, Inc.

% Brock Property Management, 7401 Wiles Road, Coral Springs, FL 33067 p: 954.753.2675 | f: 954.340.8541 e: brock@brockpm.com | w: www.brockpm.com

Architectural Modification Form (AMF)

Proper	ty Owner(s):	Date:
Phone: Email:		
Addres	es:	
	brief description of the modification, project, detail as possible (color schemes, materials, d	or improvement you wish to have completed below. Include as imensions, etc.).
REQU	IRED DOCUMENTS:	
*Note:	You must provide ALL required documents be	efore your request will be processed for the Board's review.
a.	delineated on the survey (to-scale).	rein the exact location of the proposed improvement has been
b.	One (1) full set of plans and specifications of	
C.	ownership).	or document from property appraiser's website providing
d.	A digital photo or sample of the material you station, fountain, security camera(s), tiles, e	
		accuracy. No "photos of photos" will be accepted.
e. f.	Copy of contractor's license Copy of contractor's insurance (liability) Note: General liability insurance policy must certificate:	t list the Association as an additional insured. It <u>MUST</u> read on the
	Laurel Cove Homeowners' Associat	ion. Inc.
	c/o Brock Property Management, In	c.
	7401 Wiles Road, Coral Springs, FL	
g.	Copy of contractor's worker's comp insuran	ce
Condit	ions:	
1.	You are responsible for all damage to underground ι	utilities, including sewer, water, cable, electric & phone.
2. 3.		around your home and re-sod any areas that are modified or destroyed.
3. 4.	You are responsible for maintaining the alteration.	used to the sidewalks or roadways from heavy equipment.
5.	Physical sample items will not be returned.	
6.	No changes may be made to plans after approval wit	
7.	modifications. In the event that the work performed completed work deviates from the Board-sanction	's conclusive inspection and approval subsequent to the completion of said diverges from the manner in which it received approval, or if any aspect of the ed modification, the responsible party shall be obligated to either restore the and appearance, or to ensure the work is redone in strict accordance with the
8.		ons will be determined and stipulated on an individual basis. Approval only good
	ACH	KNOWLEDGEMENT
l,	, (homeowner name) residing	at (address), hereby make application for
with the	I, pursuant to the regulations of my HOA, for the arch	itectural changes above noted and if said approval is granted, I agree to comply ilding department to obtain all permits required. I further understand that I may be
SIGNA	TUDE OF OWNED(S).	DATE

SIGNATURE OF OWNER(S): ______ DATE: _____