

## **Architectural Review Request**

Building:	_ Unit:	
Name:		
Contact Number:	Em	ail:
Type of Request:		
Patio Enclosure	Storm Shutters	A/C Protection/Covering
Tree Planting	Awning	
Description of Structure		
Type of Construction Ma		
attachments). Plans draw and location of the same	n to scale showing the natu	
structure is compliant with permit is required?  Yes  No, Explain: Please submit two required attachments earl Approval is valid for 12 (two	copies of the Architectural y to avoid building delays.	Partment to determine if the regulations and determine if a  Review Request Form and the e of the approval, which will be estruction does not begin with in

If any information is later found to be incorrect, misrepresented, conflict with the Covenants and Restrictions or if information is withheld, approval is automatically revoked. A new request form will be needed. Enforcement, if necessary, will be through Local Regulatory Bodies and/or Civil Court Actions. All expenses incurred will be charged to the owners' account.

I understand any alterations on the outside of the unit becomes my responsibility to maintain in its entirety. Furthermore, I understand that I must receive approval from the Board of Directors in order to proceed. I understand that Board approval does not constitute approval of the local authorities and I will obtain a permit if required by such authorities. I agree to begin improvements within 12 (twelve) months after receiving approval and all projects are subject to final inspections by the Board.

Received in Office:	Date of Board Meeting:	
. Request is app	Action of the Board of Directors proved as submitted.	
. Request is on h	nold pending submissions of items list in le	tter attached.
	nold pending submissions of items list in le	
Request is app		