

ARCHITECTURAL CHANGE REQUEST

DATE _____

UNIT NUMBER _____ BLDG. NUMBER _____ ASSOCIATION/ COMMUNITY NAME _____

NAME OF APPLICANT(S) _____

ADDRESS _____ CITY _____ ZIP CODE _____

TELEPHONE NUMBER: (H) _____ (O) _____ (C) _____

INSTRUCTIONS - CONDITIONS FOR APPROVAL

- 1. This application will not be processed unless signed by applicant(s) where indicated *and the required supporting material is submitted.
2. All requests for building additions, screen rooms, fences, swimming pools, landscape improvements or other such improvements must be accompanied by a survey of the property. Two complete sets of plans and specifications prepared by an architect, engineer, private contractor or other qualified person shall be attached to this application.
3. Information contained in these plans and specifications must show the nature, kind, shape, height, materials, color and location of the requested change or alteration. Color chips are required when painting your home. A sample roof shingle is required when re-roofing.
4. As a condition precedent to granting any request for a change, alteration or addition, the applicant, his heirs and assigns, hereby assumes sole responsibility for the repair, maintenance or replacement of any such addition, alteration or change and agree to maintain same in the approved condition.
5. The applicant assumes all responsibility for any infringement on or interference with existing facilities and easements on the property.
6. Approval of this request does not constitute approval of the structural integrity of the requested modification and is intended solely to maintain harmonious visual aesthetics within the community.
7. Approval is conditioned upon all applicable governmental permits or approvals obtained by the applicant prior to construction and final inspections are completed.
8. All work must be started within 90 days of date of approval. Failure to implement work within 90 days will require the homeowner to re-submit a Request Form.
9. No work may be commenced until this form has been processed and returned to the applicant signed by an authorized representative of the Board.

In accordance with, and in understanding the requirements of, the Declaration of Covenants, Conditions and Restrictions of the governing Documents of the Community, to which I belong and in acknowledgement of, and in agreement with, the above stated conditions, I/we make application for the following addition, modification, change or improvement upon my/our property. (Describe in detail the modification requested and sign this form where indicated. If more space is needed, please use reverse side.)

* _____
Signature of Applicant

* _____
Signature of Applicant

ASSOCIATION ACTION TAKEN:

Your request is: APPROVED _____ CONDITIONALLY APPROVED _____ DISAPPROVED _____ INCOMPLETE _____

The following additional information is required, or approval is conditioned upon:

By: _____ Date _____
Association Authorization

PLEASE RETURN FORM AND ALL INFORMATION TO:

Benchmark Property Management, Inc.

7932 Wiles Road

Coral Springs, Florida 33067

(954) 344-5353 Fax (954) 344-5399