Association:	Unit/Lot:	Rec'd By:	Date:
	ARCHITECTURAL APPR	OVAL REQUEST FORM	
HOMEOWNER			
HOME PHONE	CELL PHONE_		
	ment		
REQUIRED DOCUMENTS:			
<ol> <li>A copy of your lot survey w <u>Associations Only</u>).</li> </ol>	ith the exact location of the propose	d improvement drawn in a	clear, legible manner, (Homeowner's
	d, (Homeowner's Association & Con-		
	ourself, please specify on the descrip	-	
	, include a copy of the proposal for in		
-	actor. Also include a copy of the contr		<i>i</i>
compensation insurance. (Ho	<u>meowner's &amp; Condominium Associat</u> name of you)		r must read:
	Address where the wo		
		Art is going to be done	
5) If the improvement or any	part thereof will be located within fi	ve (5) feet of the neighbori	ng property, the improvement's
elationship to that property must be shown in your sketch, (Homeowner's Association Only).			
	nd the street is on the side of your pr	oposed improvement, plea	se indicate this in drawing,
(Homeowner's Association O			
	me, please submit sample color cards		
	ws, provide a photo of the new windo	ows, installing new floors, p	rovide the STC (sound transmission
	ner's & Condominium Association).  Application for each improvement alor	on with the required docum	onts to:
of Fiease submit a separate a			ients to.
		/UNITY MANAGEMENT andez@ccmfla.com N Nob Hill Rd, Tamarac, FL 333:	21
	tion, if approval is granted, I agree to		conditions:
	ty (60) days only, unless otherwise sp		
	ible for obtaining any permits require	•	<del>-</del> :
	ible for any and all damage to any uti		•
	ove all debris (concrete, fill, etc.) from ible for any damage that may be caus		
	Iter the drainage of your property or		aways nom neavy equipment.
	ible to maintain the alteration.	four margina or a property.	
	approval has been given by the Board	d of your association.	
	tions may be applicable. These condi HOMEOWNE	itions will be determined a	nd stipulated on an individual basis
	, hereby submit this application		
			conditions stipulated herein. I furtthe
		il to comply with the cover	nants and restrictions of the associather
or if I intentionally misreprese			tion
	No work will begin without th	e approval of my Associ	<u>ation</u> .
SIGNATURE OF APPLICANT	T/OWNER		DATE
	FOR ASSOCIATION AND I		
Approved El	ectronically Approved by Board _	Preliminary Ap	proval - subject to review
Insufficient informa	tion, resubmit Denied		
Signature	Date	Signature	Date