THIS FORM TO BE USED WHEN REQUESTING A CHANGE OUTSIDE OF YOUR HOME

Request for Review for Architectural Modification

Date: _____

(Please Press Firmly)

TO: Board of Directors of _____

c/o _____

Alton Madison AM PM
Property Management
381 N. Krome Ave., Suite 205, Homestead, FL 33030

FROM: Owner's Name _____

Lot _____ Block _____ Street Address _____

Day Phone _____ Evening Phone _____

In order to process this application, the following must be attached:

1. Sketch of Boundary Survey with proposed modifications drawn on the survey
2. The appropriate drawings showing both a Plan View and an Elevation
3. Specifications of the proposed modifications (ex. color, style, etc.)

Approval is hereby requested to make the following modification(s), alterations, or addition(s) as described below and on the additional attached pages:

_____

Signature of Owner: _____

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(FOR BOARD OF DIRECTORS USE ONLY)

Date Application Received _____ Date of Approval / Disapproval _____

☐ Approved ☐ Disapproved _____
(Board of Directors)

Your approval is subject to the following:

1. You are responsible for obtaining any necessary permits from the appropriate Building and Zoning Department(s)
2. Access to areas of construction are only to be allowed through your property, and you are responsible for any damage done to the common elements during construction.

_____

Explanation of Disapproval

_____

White – Board of Directors Yellow – Return to Homeowner Pink – Management Company Gold – Homeowner