



Architectural Review Form

Name of Association: _____

Owners Name: _____

Address: _____

Telephone: Home: _____ Cell: _____

Email: _____ Unit#/Acct#/Lot#: _____

To: Architectural Review Committee
PO Box 19439
Plantation, FL 33318

Email: sorsini@allprosys.net
Phone: 954-745-7563
Fax: 954-473-4755

I/We hereby make application to the Architectural Review Committee to make the following changes and/or additions to my residence.

Please attach a detailed description of your modification along with drawings and surveys. You must use a licensed contractor and provide certificate of insurance listing their liability (2,000,000 limit) and worker's compensation coverage as well as a valid contractor's license and business license. Your description must include, but is not limited to, materials, colors, site, vendor's license and insurance (must name the association and Alliance Property Systems as certificate holder and additional insured), etc.

I agree:

1. That if the modification is not completed as approved, said approval can be revoked and the modification removed by the owner.
2. That I am responsible to pay for and repair any and all damage done to the common areas as a result of the modification.
3. To abide by the decision of the Architectural Review Committee or the Board of Directors.
4. To comply with the state, county, and city building, electrical and plumbing codes.
5. To obtain all necessary permits if applicable.

I have read, understand and agree to all of the above.

Date of Request

Signature of Owner

DO NOT WRITE BELOW THIS LINE

Approve Disapprove (circle one)

Date

Signature of Committee Member