

ARCHITECTURAL MODIFICATION REQUEST FORM

Community Name: _____

To: The Architectural Committee and/or The Board of Directors

From: (Name of Owner): _____

Address in Assoc.: _____

Unit # _____

Contact Phone #'s _____ / _____
Day Evening

Interior _____ / Exterior _____

(Circle applicable One)

Roof: Yes / No Painting: Yes / No Fencing: Yes / No Slab Extension: Yes / No

Tile: Yes / No Door: Yes / No Accordions: Yes / No Satellite Dish: Yes / No

Approval is hereby requested to make the following modification(s), alternation(s) or addition(s) as described below, or on additional attached pages as necessary. **IN ORDER FOR THE ASSOCIATION TO PROPERLY REVIEW YOUR REQUEST, YOU MUST INCLUDE SUCH DETAILS, AS THE DIMENSIONS, MATERIALS, COLORS, DESIGN, LOCATION, PICTURES AND ANY OTHER PERTINENT DATA.**

Description of Modification: _____

Please ATTACH A DETAILED description of your modification along with drawings and surveys. Your description must include: dimensions, materials, colors, designs pictures and location.

I AGREE:

1. Not to perform any changes, improvements, modifications or to proceed with request until I/We receive the prior written consent by the Association.
2. That if the modification is not completed as approved said approval can be revoked and the modification removed at owner's expense.
3. I will in no way alter, modify or cause damage to any common areas or any common structures. I agree that I shall be wholly and fully liable and responsible for any and all damage done to common areas as a result of the installation.
4. To abide by the decision of the Board of Directors/ Architectural Control Committee.
5. To comply with Sate and County Building Electrical Codes.
6. To obtain all necessary permits (if applicable) and provide same to Board of Directors/Architectural Control Committee.

I have read, understood and agreed to all terms and conditions of the above Architectural Modification request Form.

Signature

Date of Request

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BELOW -FOR OFFICE USE ONLY

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Request received on: _____ Received By: _____

Sent to BOD on _____, day of _____ 20____.

Sent to: _____

Approved _____ Disapproved _____

By: _____
Committee member

Date approved: _____

Approved _____ Disapproved _____

By: _____
Committee member

Date approved: _____

Approved _____ Disapproved _____

By: _____
Committee member

Date approved: _____

RETURN COMPLETED APPLICATION TO:

**Unite Property Management
P.O. Box 653637
Miami, Fl. 33265-3637**

**VIA EMAIL: INFO@UNITEPM.ORG
OR FACSIMILE: (305) 227-2418**

(305) 227-2448 OFFICE LINE