

REQUEST OR REVIEW FOR ARCHITECTURAL MODIFICATION

THIS FORM TO BE USED WHEN REQUESTING AN
EXTERIOR CHANGE / MODIFICATION OF YOUR HOME

Association Name: _____

C/O New Horizons Property Management Solutions, LLC.
14411 Commerce Way
Suite# 316
Miami Lakes, Florida 33016
Office Phone: 786-391-0087
Fax: 786-502-3681

FROM: Owner's Name _____

Address _____ Unit _____

Day Phone: _____ Evening Phone: _____

**IN ORDER TO PROCESS THIS APPLICATION, THE FOLLOWING ITEMS MUST BE
ATTACHED:**

1. A copy of your survey along with copies of diagrams prepared by your contractor as well as a copy of the **contractor's license; copy of the contractor's insurance certificate (endorsed to the Association); permit(s) if necessary and a copy of the contractor's scope of work on a company letterhead must be submitted with your application.**
2. The appropriate drawings showing both a Plan View and an Elevation (if applicable)
3. Specifications of the proposed modifications (example: color, style, etc.)

YOUR APPROVAL IS SUBJECT TO THE FOLLOWING:

1. The Architectural guidelines as set forth in the Association's Documents.
2. Should the modification not be completed as approved, said approval will be revoked, and the owner or the Association at the owner's expense will remove the modification(s).
3. Any damage to the common area / elements by the owner's vendor will be the responsibility of the owner.
4. You are responsible for obtaining any necessary permits from the appropriate Building and Zoning Department(s).
5. Access to areas of construction is only to be allowed through your property, and you are responsible for any damage done to the common elements during construction.
6. The owner is responsible for complying with the applicable Laws of the City, County and State.
7. All applications must be submitted in person or via US Mail to The Continental Group Inc. Company with and original signature. Facsimile Transmittals / copies will be deemed null and void if the original is not received within ten (10) days.

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

Date: _____ Signature of Owner: _____

Beginning Work On: _____ Ending Work On: _____

Is this a re-submittal? ___ Yes ___ No

(FOR BOARD OF DIRECTORS USE ONLY)

Date Form Submitted: _____ Date of Approval/Disapproval: _____

___ Approved ___ Disapproved

Board of Director Signature / Management Company

Explanation of Disapproval: _____
