

Coral Creek Replat No. 3
Request for Review of Architectural Modification

Owners Name _____
Street Address _____
City _____ State _____ Zip Code _____
DayPhone _____ Cell _____ Evening _____

Approval is hereby requested to make the following modification(s), alteration(s) or addition(s) as described and depicted below or on additional pages as attached. Please include such detail as the dimensions, materials, color, design, location and other pertinent data. All documentation necessary to obtain a city building permit must be submitted w/ this form.

I understand and will comply with the following:

1. That if the modification is not completed as approved, said approval can be revoked and the modification will be required to be removed by the owner, at the owner's expense.
2. That I am responsible to pay for and repair any and all damage done to the common areas as a result of an installation.
3. To comply with the state, county and/ or city building codes and to obtain all necessary permits if applicable.
4. To abide by the decision of the Architectural Review committee or the Board of Directors.
5. That if the modification is not approved or does not comply, I/we may be subject to court action by the Association and that I/we shall be responsible for all reasonable attorney's fees.

_____ Date of Request Date received _____ () Date Notified _____ Board of Directors Signature _____	_____ Signature of Homeowner Approved Comments _____ Disapproved _____
---	---

Integrity Property Management
5665 Coral Ridge Drive
Coral Springs, Florida 33076