

ARCHITECTURAL CONTROL COMMITTEE REVIEW APPLICATION

Any homeowner wishing to make an additional/alteration to the outside of a parcel, lot, unit, must complete and return this form to the management company at 13250 SW 135th Avenue, Miami, Florida 33186.

WORK MAY NOT BEGIN UNTIL THIS REQUEST HAS BEEN APPROVED IN accordance with the Associations Documents and Rules & Regulations. All improvements must be completed within six (6) months of approval date or application is nuled. A copy of all required Dade County Permits are to be provided for Association Files prior to mencement of work.

REQUEST FOR ARCHITECTURAL MODIFICATION

(PLEASE PRINT)

Name of Owner(s): _____ Acct. #: _____

Property Address: _____ Miami, FL 331 _____

Home Phone: (____) _____ Work Phone: (____) _____ Community _____

Cell Phone: (____) _____ E-Mail Address: _____

(Please Print Email Address Legibly)

INSTRUCTIONS:

Approval is hereby requested for the following modification(s), and/or alterations as described below and on attached pages. Please indicate below what type of change or alteration you wish to make. Be specific, indicating type of material, color, shape, style, dimensions, etc. In order to process this request, the following must be attached: A **COLOR PHOTOGRAPH OF THE ENTIRE FRONT OF THE HOUSE**, a **photograph** of your house where proposed changes will be performed, a copy of the Site Survey, with the proposed modifications drawn on the survey; the appropriate drawings showing both, a Plan View and an Elevation; and specifications of the proposed modifications.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Addition | <input type="checkbox"/> Basketball Hoop* | <input type="checkbox"/> Patio | <input type="checkbox"/> Screening Identical |
| <input type="checkbox"/> Doors Identical | <input type="checkbox"/> Exterior Paint Identical Color | <input type="checkbox"/> Play Structure* | <input type="checkbox"/> Screening/Enclosure New |
| <input type="checkbox"/> Outdoor Lighting | <input type="checkbox"/> Garage Door | <input type="checkbox"/> Pool | <input type="checkbox"/> Solar Collectors |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Hurricane Shutters (Notary Fee)*** | <input type="checkbox"/> Roof Identical | <input type="checkbox"/> Window Treatment* |
| <input type="checkbox"/> Awning | <input type="checkbox"/> Landscaping * | <input type="checkbox"/> Roof Repairs | <input type="checkbox"/> Wall/Fence |
| <input type="checkbox"/> Exterior Paint | <input type="checkbox"/> Iron, Metal or Similar Bars | <input type="checkbox"/> Satellite 18"/Antenna | <input type="checkbox"/> Other _____ |

IF PAINTING THE EXTERIOR OF THE HOUSE, PLEASE ATTACH COLOR SAMPLES TO THIS APPLICATION, INDICATING WHICH IS FOR THE WALLS AND THE TRIMS.

* May not require a Dade County Building & Zoning Permit
 *** Include a \$15.00 money order only payable to Courtesy Property Management to notarize approval.

THIS IS A RE-SUBMITTAL YES NO

Please Check the Appropriate Boxes:

- | | |
|---|--|
| <input type="checkbox"/> Initial Plans and/or Specifications Attached | <input type="checkbox"/> Revised Plans and/or Specifications Attached |
| <input type="checkbox"/> Color Plan/Samples Attached | <input type="checkbox"/> Materials Designation Plan/Samples Attached |
| <input type="checkbox"/> Drainage Surface Water Plan Attached | <input type="checkbox"/> Alteration Criteria Signed Attached - Initial <input type="radio"/> |

Time for Completion of Improvements:	Anticipated Commencement Date:
Owner's Signature:	Contractor's Signature: (if applicable)

All changes and alterations shall also be subject to all applicable permits requirements and to all applicable governmental laws, statutes, rules, regulations, orders, and decrees. Neither the Board of Directors, nor any member thereof, shall be liable to the Association or any Homeowner, or any other person or entity for any loss, damage or injury arising out of or in any way connected with the performance or non performance of the Boards duties hereunder, unless due to the willful misconduct or bad faith of a member, and only that member shall have any liability. The Board shall review and approve or disapprove all plans submitted to it for any proposed improvement, alteration or addition solely on the basis of aesthetic consideration and the overall benefit or detriment, which would result to the immediate vicinity and to the Community.

(FOR OFFICE USE ONLY)

Date Application Received _____ Received by: _____ Date of Approval/Disapproval _____

Approved Disapproved _____
 Architectural Control Committee, Agent and/or Board of Director Date

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 damages done to the Common areas during construction.

Explanation of Conditions and/or Disapproval: _____

FOR STRUCTURAL CHANGES METRO DADE COUNTY BUILDING & ZONING PERMIT MUST BE FURNISHED AFTER APPLICATION IS APPROVED.

***** ADD A MONEY ORDER FOR \$15.00 PAYABLE TO COURTESY PROPERTY MANAGEMENT TO NOTARIZE APPROVAL. CASH ACCEPTED ONLY AT THE OFFICE.**