

**REQUEST FOR REVIEW OF ARCHITECTURAL MODIFICATION
GRAND PALMS COMMUNITY ASSOCIATION, INC.**

TO: **Grand Palms Community Association, Inc.** c/o Miami Management, Inc.,
901 Sabal Palm Drive Pembroke Pines, FL 33027

FROM: (Owners Name) _____

NEIGHBORHOOD ASSOCIATION: _____

STREET ADDRESS: _____

DAY PHONE: _____ EVENING PHONE: _____ Email _____

Approval is hereby requested to make the following modification(s) or addition(s) as described and depicted below and/or additional attached pages. Please include such detail as the dimensions, materials, color, design, location and other pertinent data. **YOU MUST attach a copy of your site plan showing location of modification and attach a copy of your contractor's certificate of Liability Insurance.** For HOUSE PAINTING, please see the reverse side of this form. **THERE IS A LIMIT OF 90 DAYS FOR COMPLETION OF ANY ARCHITECTURAL APPROVALS.**

Project/Modification Description:

I understand and agree:

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 to the common areas as a result of the installation.
3. To comply with the state, county, or city building codes, and to obtain **all necessary permits if applicable** and to use properly insured contractors.
4. To abide by the decision of the Grand Palms Community Association Board of Directors.
5. That if the modification is not approved or does not comply, we may be subject to reasonable attorney's fees.
6. That any approval given by the Grand Palms Community Association for work to be done is on an aesthetic basis only and that the approval of any proposal, improvements or alterations by the Grand Palms Community Association shall not constitute a warranty or approval as to workmanship, materials, or usefulness for any purpose of any such improvement or alteration nor as to its compliance with governmental or industry codes or standards.
7. I/We understand that I/We are responsible for proper structural and architectural details and compliance with applicable codes. By submitting a request for approval, the Owner holds harmless and indemnifies the aforesaid Members and Representatives of the Grand Palms Community Association and the Association generally, from and for any loss, claim or damages connected with the aforesaid aspects of the improvements or alterations.
8. That existing drainage systems and patterns will not be modified or altered.
9. All damage done to Association infrastructure, including, but not limited to irrigation system, roads, streetlights, etc., shall be reported to the Sub-division Property Manager within 48 hours to determine responsibility.

Homeowner(s) Signature _____ **DATE:** _____

For office Personnel only: *****

Board of Directors notes only: _____

Neighborhood Architectural Modification Committee Review

RECEIVED DATE: _____ **APPROVED** _____ **DISAPPROVED** _____ RECEIVED DATE: _____ **APPROVED** _____ **DISAPPROVED** _____

Conditionally Approved: _____ **Conditionally Approved:** _____

BY (signature): _____ BY (signature) _____

BY (print): _____ BY (print) _____

DATE: _____ DATE: _____

Grand Palms Community Association Architectural Modification Board Review

RECEIVED DATE: _____ **APPROVED** _____ **DISAPPROVED** _____ RECEIVED DATE: _____ **APPROVED** _____ **DISAPPROVED** _____

BY (sign): _____ BY (Sign) _____

BY (print): _____ BY (print) _____

DATE: _____ DATE: _____

Grand Palms Community Association, Inc.

HOUSE PAINTING

This form must be filled out completely, reviewed and approved by both the Neighborhood Architectural Committees and the Grand Palms Association Board of Directors prior to the start of any painting. Failure to obtain prior approval may result in the homeowner being responsible for making necessary modifications required by the *Neighborhood Association* and/or *Grand Palms Community Association, Inc.*

Please note: YOU MUST ATTACH A COPY OF YOUR CONTRACTORS LIABILITY INSURANCE (naming you as the owner the certificate holder).

Description of House Painting and Colors

(Please attach a color swatch for each color)

Primary (Wall) Color:

Accent Colors:

Fascia:

Raised Stucco Features:

Architectural Details:

Front Door Color:

Garage Door Color:

Other color (specify location):

Please identify on the attached diagram, or on a diagram of your own the location of the architectural features that will be painted the different ACCENT colors. Modify the diagram or attach another drawing to clearly identify your painting plan.

