

# ARISTA PARK CONDOMINIUM ASSOCIATION, INC.

C/O LYNX PROPERTY SERVICES, LLC.

12485 SW 137 Avenue, Suite 309 Miami, FL 33186 Phone: 305-251-2234 Fax: 305-252-6165

Business hours: M-F 8:30 AM – 5:30 PM

## ARCHITECTURAL MODIFICATION REQUEST

(Form to be used when requesting a change outside your unit.)

Homeowners Name: \_\_\_\_\_ Account#: \_\_\_\_\_

Property Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Modification to exterior of the home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed alteration, general description/comments, which you feel are applicable for a positive review of this application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following items are required and must be included with this application:

- Building permits (where applicable).
- Construction details or shop drawings.
- Materials and finish specifications.
- Copy of property survey indicating general location of alteration.
- Cross sections and elevation.
- If it's an already existing structure, photographs from all angles.
- Copy of contractor's license and permits.

Signature of Unit Owner: \_\_\_\_\_ Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

### FOR USE BY BOARD OF DIRECTORS ONLY

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPROVED AS IS     APPROVED WITH STIPULATIONS     DISAPPROVED     INCOMPLETE APPLICATION

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Officer: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Officer: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_