CAZADORES SUBDIVISION SOUTH HOMEOWNERS

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.)

Homeowner's Name:		Account#:	
Property Address	:		
Home #:	Work #:		_Other #:
Email Address: _			
Modification to ex	terior of the home:		
	ion, which you feel, will help th any pictures or notes please su		our application (more information will
The following iten	ns are required and must be in	cluded with this a	application (where applicable):
☐ Construct☐ Materials☐ Copy of p☐ Cross sec☐ Building p	ontractor's license and permits ion details or shop drawings (pand finish specifications (what roperty survey indicating genetions and elevation (if needed) permits (if needed) already existing structure, pho	oictures or drawin will be used and ral location of alto	color) eration (if needed)
Signature of Unit Owner: Date t		turned in:	
	FOR USE BY BOAR	RD OF DIRECTO	ORS ONLY
□ APPROVED □	APPROVED WITH STIPULATIONS	□DISAPPROVED	□INCOMPLETE ARCHITECTURAL FORM
Comments:			
Signature of Office	or.	Title	Date: