

# CHATEAUBLEU AT THE HAMMOCKS CONDOMINIUM ASSOCIATION

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

Owner's Name: \_\_\_\_\_ Unit#: \_\_\_\_\_

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

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

Proposed Alteration: \_\_\_\_\_

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

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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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### FOR USE BY BOARD OF DIRECTORS ONLY

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Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ APPROVED AS IS   ☐ APPROVED WITH STIPULATIONS   ☐ DISAPPROVED   ☐ INCOMPLETE APPLICATION

Comments:

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

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