

# Royal Oaks Professional Center Condominium Association

## ARCHITECTURAL MODIFICATION FORM

GRS MANAGEMENT INC.  
8140 NW 155 St. Suite 101  
Miami Lakes, FL 33016  
Tel: (305) 823-0072  
customer@grsmanagement.com

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

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

Acct# \_\_\_\_\_

Phone: \_\_\_\_\_

**Architecture Review (ARB) approval is required before commencing any improvements in your property. If work has begun you should stop immediately until obtaining an approval from the ARB**

**Your approval will be based on the Architectural guidelines as set forth in the Association's Documents.**

### Owner's Responsibilities:

1. Specifications of the proposed modification(s) including color, design, materials, dimension and location of modification with color brochures and/or paint samples.
2. Owners are responsible for obtaining any necessary permits from the appropriate Building and Zoning Department(s) and/or local government after receiving ARB Approval.
3. Access to areas of construction is only allowed through your property, any damage to the common area / elements by the owner's vendor during construction will be the responsibility of the owner.
4. Contractors and vendor are only allowed in the property Monday through Saturday. No vendors are allowed on Sundays or holidays.

**The owner is responsible for complying with the applicable Laws of the City, County and State including license and insurance. It is also the owner's responsibility to make sure that all vendors contracted for the job have the proper current worker's compensation and general liability insurance.**

**I/We understand that approval of our request must be granted by ARB before I/We can have the job started. I/We also acknowledge that we could be compelled to have the item removed or changed if it is completed without prior approval. Furthermore, if the modification(s) are not completed as approved, said approval will be revoked and the modification(s) will be removed at the owner's expense. I/We hereby request to make the following modification(s), alterations, or addition(s) as described below and on the additional attached pages:**

\_\_\_\_\_ Signage

\_\_\_\_\_ Shutters

\_\_\_\_\_ Front Door

\_\_\_\_\_ Sound Proofing (Floors)

**Other:** \_\_\_\_\_

**Color samples (pictures, brochures, etc.) must be included on the attached page.**

Job Started? Yes No

Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

**Architectural Review Board (ARB) has 30 – 45 days to process this application.**

**(FOR ARB USE ONLY)**

Date Application Received: \_\_\_\_\_

Date of Approval/Disapproval: \_\_\_\_\_

Approved

Disapproved

\_\_\_\_\_ ARB Signature

\_\_\_\_\_ ARB Signature

\_\_\_\_\_ ARB Signature

Explanation of Disapproval: \_\_\_\_\_

\_\_\_\_\_

**Sample from:**

\_\_\_\_\_ Signage    \_\_\_\_\_ Shutters    \_\_\_\_\_ Front Door    \_\_\_\_\_ Sound Proofing    \_\_\_\_\_ Other

**Notes:**