

Royal Oaks Professional Center Condominium Association

ARCHITECTURAL MODIFICATION FORM

Date: _____

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

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

A large, empty rectangular box with a thin black border, occupying most of the page below the sample items. It is intended for the user to draw on or write notes.

Notes:
