ARCHITECTURAL APPROVAL FORM

In order for Benchmark to process your application in the most efficient and timely manner, you must submit ALL required information to the Association. Below is a checklist for you to use when turning in your application.

_____Application Form is complete (no blank spaces) as missing items will cause delay.

__I have included a description of work (best if proposal/contract attached). **

_I have included a copy of the contractor's license (just license, not tax form etc...).

_____I have included the contractor's certificate of liability (The Association is listed as additional insured c/o Benchmark, 7932 Wiles Road, Coral Springs, FL 33067.)

I have confirmed whether a permit is required and done what is necessary to comply with my city's requirements (if any).

**If you are painting, your color choices must be clearly indicated. Some Associations require color chips and have an approved color palette. Please contact Benchmark for this information PRIOR TO SUBMITTING YOUR PAINTING APPLICATION.

IMPORTANT

*Due to a high volume of applications, we cannot provide status updates to owners, vendors or contractors. Please do not have your vendor call us for any reason.

*If we need additional information we will contact you without delay.

*The Association is aware of its required timeframe to either approve or deny your project. Please allow the Association time to review the documentation.

*Feel free to provide a copy of this notice to your vendor and/or contractor.

MISSING INFORMATION MAY RESULT IN DENIAL OF YOUR APPLICATION

ARCHITECTURAL CHANGE REQUEST

DATE			
NUMBER	BLDG. NUMBER	ASSOCIATION/ COMMUNITY NAME	
NAME OF APPLICANT(S)			
ADDRESS		CITY	ZIP CODE
TELEPHONE NUMBER:	EMAIL:		
	INSTRUCTIONS - CO	NDITIONS FOR APPROVA	AL
1. This application will not b	be processed unless signed by a	applicant(s) where indicated *	*and the required supporting material is

- submitted.All requests for building additions, screen rooms, fences, swimming pools, landscape improvements or other such improvements must be accompanied by a survey of the property. Two complete sets of plans and specifications prepared by an architect, engineer, private contractor or other qualified person shall be attached to this application.
- 3. Information contained in these plans and specifications must show the nature, kind, shape, height, materials, color and location of the requested change or alteration. Color chips are required when painting your home. A sample roof shingle is required when re-roofing.
- 4. As a condition precedent to granting any request for a change, alteration or addition, the applicant, his heirs and assigns, hereby assumes sole responsibility for the repair, maintenance or replacement of any such addition, alteration or change and agree to maintain same in the approved condition.
- 5. The applicant assumes all responsibility for any infringement on or interference with existing facilities and easements on the property.
- 6. Approval of this request does not constitute approval of the structural integrity of the requested modification and is intended solely to maintain harmonious visual aesthetics within the community.
- 7. Approval is conditioned upon all applicable governmental permits or approvals obtained by the applicant prior to construction and final inspections are completed.
- 8. All work must be started within 90 days of date of approval. Failure to implement work within 90 days will require the homeowner to re-submit a Request Form.
- 9. No work may be commenced until this form has been processed and returned to the applicant signed by an authorized representative of the Board.
- 10. SIGNS ARE STRICTLY PROHIBITED FROM BEING PLACED ON THE PROPERTY! Permit boxes must not include vendor's advertisement. The name of the vendor may appear in letters no larger than ½" in an inconspicuous place on the permit's box.

In accordance with, and in understanding the requirements of, the Declaration of Covenants, Conditions and Restrictions of the governing Documents of the Community, to which I belong and in acknowledgement of, and in agreement with, the above stated conditions, I/we make application for the following addition, modification, change or improvement upon my/our property. (Describe in detail the modification requested and sign this form where indicated. If more space is needed, please use reverse side.)

*		*		
Signature of Applicant		Signatu	are of Applicant	
ASSOCIATION ACTION T	'AKEN:			
Your request is: APPROVE	D CONDITIONAL	LY APPROVED	DISAPPROVED	_ INCOMPLETE
The following additional infor	mation is required or appro	val is conditioned upo	n .	
The following additional infor	mation is required, or appro	var is conditioned upo	/11.	
By:	Date	Bv:		Date
Association Author			-	
	PLEASE RETURN I	FORM AND ALL INFO	ORMATION TO:	
	Benchmar	k Property Manageme	nt, Inc.	
		7932 Wiles Road		
		al Springs, Florida 33067		
	(954) 34	14-5353 Fax (954) 344-5	5399	