



ARCHITECTURAL MODIFICATION REQUEST FORM

TO: SEA BROOK PLACE CONDOMINIUM ASSOCIATION BOARD OF DIRECTORS

RE: UNIT ADDRESS _____ Sea Breeze Circle, Jupiter, FL

OWNER: _____

TELEPHONE: Home: _____ Cell: _____

E-MAIL: _____

I/We hereby make an application to the Board of Directors to make the following changes and/or addition to my residence:

Note: Please attach a detailed description of your modification, along with drawings and surveys. Your description must include, but is not limited to materials, color, size, etc. Please include contractor license and insurance information.

As Owner of this Unit, I agree to the following:

1. If the modification is not completed as proposed by me and approved by the Association, said approval can be revoked and the modification must be removed by me at my sole expense.
2. I am responsible for the cost and repair of any and all damage to the common property, grounds, or facilities which occurs as a result of the installation of this modification or addition.
3. I will abide by the decision of the Board of Directors.
4. The modification will comply with all applicable State, County and Town/City building and electrical codes.
5. I will see that all necessary permits are obtained, if applicable.
6. Unit owner becomes responsible for maintenance of all landscape additions.

OWNERS SIGNATURE: _____ PRINT NAME: _____

DATE APPLICATION SUBMITTED: _____

DATE RECEIVED	RESPONSE DATE (ALLOW 30 DAYS)
PLEASE CHECK ONE:	APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> INCOMPLETE: <input type="checkbox"/>
BY: (PRINT NAME)	SIGNATURE:
TITLE:	DATE :