

# GREENS OF BOCA LAGO ASSOCIATION, INC.

C/O Campbell Property Management  
1215 E. Hillsboro Blvd. Deerfield Beach, FL 33441  
Tel. 954-427-8770 Fax 954-427-6692

## Request for Architectural Modification

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Extension \_\_\_\_\_

Home E-mail: \_\_\_\_\_ @ \_\_\_\_\_ Work E-mail: \_\_\_\_\_ @ \_\_\_\_\_

I/We hereby make application to the Board of Directors/Architectural Review Board to make the following changes and/or additions to my residence/property at (if different from above, specify address/unit number where work will be done):

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Attach a detailed description of your modification along with drawings, photos and/or surveys. Your description must include, but is not limited to the materials, color, size, etc.

I agree to the following:

1. That if the modification is not completed as approved, said approval can be revoked and the modification removed by the owner.
2. That I am responsible to pay for and repair any and all damages done to the common areas as a result of the improvement/alteration/addition.
3. To abide by the decision of the Architectural Review Board or the Board of Directors.
4. To comply with the state, county, and city, building and electrical codes.
5. To obtain all necessary permits, if applicable, and send copies of permits to the association.
6. To provide a copy of contractor(s) valid license and insurance certificate.
7. To obtain and forward to master association approval from my homeowner association, if necessary.
8. 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.
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.

I have read, understand and agree to all of the above.

\_\_\_\_\_  
**Owner's Signature**

\_\_\_\_\_  
**Date**

Please return to: **Property Manager** at the address atop of this page

(Office Use Only)

\_\_\_\_\_  
**Date approved Signature (Board Member or Authorized Signature)**

\_\_\_\_\_  
**Date rejected Signature (Board Member or Authorized Signature)**

Reason for rejection: \_\_\_\_\_

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