

**\*\$20 Processing Fee must be included to begin request. Must be  
Cashier's check or money order made payable to:  
Gables Professional Management. Personal checks are NOT accepted.**

## **Architectural Request Form**

**TO: Board of Directors**

C/o Gables Professional Management  
3934 S.W. 8<sup>th</sup> Street Suite 303  
Coral Gables, FL 33134

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

\_\_\_\_\_  
**Account #**

I, \_\_\_\_\_, hereby request approval by the Architectural  
(Print Name)  
Review Committee and/or Board of Directors for the modification / addition shown below to Unit  
or Lot located as follows:

**Association:** \_\_\_\_\_

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

**Fax:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

I am requesting to make the following alterations, changes, or additions as described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attached please find one or more of the following information (if applicable):  
(Use additional sheets if necessary)

- 1. Boundary survey with proposed addition / modification drawn on survey.**  
**Sergio Redondo (305-378-4443) John Ibarra (305-262-0401)**
- 2. A sketch/picture, including the dimensions, of the proposed modifications and elevations and/or architectural plans and specifications planned to be submitted for permitting.**
- 3. Specifications, such as color, style, etc.**
- 4. Landscape plan (if applicable)**
- 5. \*\$20 Processing Fee must be included to begin request. Must be cashier's check or money order made payable to: Gables Professional Management. Personal checks are NOT accepted.**

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### **OFFICE USE ONLY**

**RECEIVED:**

**PROCESSING FEE:**

Upon approval of my request for this modification, I / We will assume all liability for any damage incurred to common property, other property and personal injury as a result of this modification as well as any additional maintenance cost that may be incurred. I also agree to obtain any

permits that may be required by any and all governmental agencies for this modification at my expense. All installations must be of professional design, quality and material. Additionally, all contractors must be properly licensed, bonded and insured, including workers compensation. In the event of an accident, the association will hold the unit owner personally liable for any and all claims, injuries and defense cost. Furthermore, all debris must be removed from premises immediately. **Please allow 20-30 business days for application to be completed.** \_\_\_\_\_  
**(Initials)**

I agree with all the conditions for review and approval, including any additional guidelines that may be given to me. I understand that I am responsible for all maintenance and repair of the requested additional / modification and such responsibility will be passed on to future owners of my property. I request that the Architectural Committee and/or Board of Directors review and approve my application.

**AGREED:**

**Owner(s) Signature(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**(FOR BOARD OF DIRECTORS / ARCHITECTURAL COMMITTEE USE ONLY)**

The request for modification / addition has been:

(    ) Approved                      (    ) Disapproved

Reasons / Conditions:

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(If applicable)

Chairperson Architectural Committee: \_\_\_\_\_

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

Board of Directors: \_\_\_\_\_

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