

***\$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. 8th Street Suite 303
Coral Gables, FL 33134

Office: 305-441-0904 Fax: 305-441-7982

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. A sketch/picture, including the dimensions, of the proposed modifications and elevations and/or architectural plans and specifications planned to be submitted for permitting.**
- 2. Specifications, such as color, style, etc.**
- 3. Landscape plan (if applicable)**
- 4. *\$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.**

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:** _____

(FOR BOARD OF DIRECTORS / ARCHITECTURAL COMMITTEE USE ONLY)

The request for modification / addition has been:

() Approved () Disapproved

Reasons / Conditions:

(If applicable)

Chairperson Architectural Committee: _____

Signature: _____ Date: _____

Board of Directors: _____

Signature: _____ Date: _____