

River Key Condominium

Architectural Request

(Updated August, 2018)

Application Date: _____

Unit Owner Name: _____

Address of Unit/Lot: _____

Mailing Address (If different than above): _____

Phone Number (home): _____ (Cell): _____

E-Mail address: _____

Contractor Name & License #: _____

Contractors insurance and license must be included.

Contractor Address: _____

Phone Number: _____

Changes Requested (Please describe IN DETAIL, include materials, colors, dimensions & pictures:

Attach additional pages if required.

You must contact North Palm Beach Permit Department and include a copy of permit.

I/We hereby make application to the Architectural Control Committee for the above-described items to be approved by the Board of Directors. I/We understand that approval of our request must be granted BEFORE I/We can have the job started. I/We also acknowledge that we may be forced to have an item removed/restored if it is altered, installed or removed without approval. I/We also understand that our request will be delayed if insufficient information is included in our request.

ADDITIONAL DRAWINGS ATTACHED (circle one) YES NO

Signature of Applicant

DATE: _____

Signature of Applicant

OFFICE USE ONLY

Request received Date: _____

APPROVED: ___ DISAPPROVED: ___

Contact made via: _____

Application Number: _____

Request Before ACC Date: _____

Date Homeowner Contacted

Request Filed Date: _____