**WINCHESTER COURTS HOMEOWNERS ASSOCIATION, INC. (Updated 11/16/16)**
**REQUEST FOR REVIEW FOR ARCHITECTURAL MODIFICATION**

OWNER(S) NAME: _____

ADDRESS: _____

DAY PHONE: _____ EVENING PHONE: _____

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Approval is hereby requested to make the following structural modification(s), alteration(s), or addition(s) as described and depicted below, or on additional attached pages as necessary. Please include such detail as dimensions, materials, color, design, size, location and other pertinent data.

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**Paint Colors:** Front Door: Fairmount Green #226-7 by MAB
(Ask at Sherwin Williams for "Winchester Courts front door paint color")
Fence Paint: Baked Cookie #SW 9098 by Sherwin Williams
Walls: Flat, Sonrisa #8177 by MAB
Trim - House: Satin, Hackworthy Beige #8178 by MAB

**Please note MAB is now Sherwin Williams.**

**Location:** 7950 Central Industrial Dr Ste 109
Riviera Beach, FL 33404
**Phone:** (561) 840-1083

**Landscape Modifications:**

1) Fill out this form and submit to Property Manager stating you are requesting plants outside your unit.

2) Complete the attached diagram indicating the desired location (s) and types of plantings. The Landscape Committee will review the designated area and make the final determination on whether plantings are appropriate and in accordance with the landscaper's recommendations.

3) If your ARB is approved by the association, the unit owner assumes the financial responsibility for the designated plantings and is required to water them daily for a period of 30 days to ensure their survival. In the event that the new plantings die, the owner assumes the cost of replacing them.

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**I understand and will comply with the following:**

* To abide by the decision of the Board of Directors.

* If owner's request is not approved, or work performed is different than approved ARB request, owner understands and agrees, by signing below, that owner may be subject to court action by the association and that owner shall be responsible for all reasonable attorney fees and costs. Association may also elect to restore the area with the unit owner being responsible for the entire cost of restoration.

_____ _____
Date of Request Signature of Owner

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**(Below this line to be filled out by HOA)**

DATE RECEIVED: _____

APPROVED ( ): _____

SIGNATURE: _____

NOT APPROVED ( ): _____

SIGNATURE: _____

CONDITIONS OF APPROVAL/COMMENTS: _____

_____

_____

_____

**Terms of Approval:** The Association accepts no liability for loss or damage to your changes under any circumstances. Should your changes cause or create damage or a nuisance to the common areas, or your neighbors, at the sole discretion of the Board of Directors, the unit owner will be held responsible for the entire cost of restoration and restitution.

Return To: Winchester Courts HOA, Inc. 4227 Northlake Boulevard, Palm Bch Gardens, FL. 33410
Phone: (561) 626-0917 Fax: (561) 626-7143
www.seabreezecms.com