

Village Royale Greenridge (Bldg. # 7) COA, Inc.

c/o Sea Breeze Community Management Services, Inc.

4227 Northlake Boulevard

Palm Beach Gardens, FL 33410

(561)626-0917 Fax (561)626-7143

www.seabreezecms.com

Request for Review for Architectural Modification

(Updated 10/2019)

This Form is used for obtaining approval for modifications to individual Condominium units and/or common area landscape.

This Form does not pertain to emergency repairs nor minor interior repairs and changes within a unit.

Interior unit modifications: are changes to that part of Condominium property that are subject to private ownership. Individual Condominium units can be modified by the unit owner provided the change does not impact the common elements, limited common elements, structure and/or safety of the unit and the building, or neighboring units. No modification to the unit may interfere with the unit's exterior appearance of uniformity and its conformity within the community.

Landscape modifications to any part of the common property are not permitted without approval. Modifications made without approval will require that the property be restored to its original condition at the expense of the responsible owner. All costs incurred by the Association to restore the property will be billed to the owner of the first-floor units.

Owner's Name(s): _____

Village Royale Greenridge (Bldg. # 7) Unit Number: _____

E-mail Address: _____

Day Phone: _____ Evening Phone: _____

Proceeding without Architectural Review Board approval can be considered in violation and a denial.

Approval is requested for the following modification as described below:

- | | |
|--|---|
| <input type="checkbox"/> Doors - White | <input type="checkbox"/> Hot Water Heater |
| <input type="checkbox"/> Windows - White | <input type="checkbox"/> Construction/Remodeling/Renovation |
| <input type="checkbox"/> Hurricane Shutters – White | <input type="checkbox"/> Plumbing/Electrical |
| <input type="checkbox"/> Air Conditioner | <input type="checkbox"/> Landscaping |
| Outside stucco wall needs to be restored to its original appearance, which would include painting. | <input type="checkbox"/> Other: _____ |

Approximate Start Date: _____ **End Date:** _____

Plans and specifications reflecting materials and design of items to be Installed for windows, doors, exterior light fixtures, patio enclosure and hurricane shutters must accompany this request for compliance with community standards. Installations which require permits from the Boynton Beach Building Department must be provided along with the contractor's Business License and insurance certificate with liability insurance and workers' compensation. The insurance certificate must name Village Royale Greenridge (Bldg. # 7) COA, Inc. as additional Insured. Upon completion of work, copy of the final signed-off building permit must be furnished to the Association. Landscape requests must include photographs of proposed new plantings along with a complete description and diagram of the modification for consideration. Work hours are Monday through Saturday, 8 am - 6 pm. Work is not permitted on Sunday other than in emergencies.

HOMEOWNER AFFIDAVIT:

I AGREE TO ABIDE BY ALL CITY, COUNTY AND ASSOCIATION REGULATIONS AND OBTAIN PROPER PERMITS AS REQUIRED. I ALSO AGREE TO BE MONETARILY RESPONSIBLE FOR ANY AND ALL DAMAGES THAT MAY OCCUR AS A RESULT OF THE REQUESTED IMPROVEMENT(S), WHETHER IT BE TO MY OWN PROPERTY, MY NEIGHBOR'S PROPERTY OR COMMON ASSOCIATION PROPERTY. I UNDERSTAND THAT ANY DAMAGES WILL BE CORRECTED WITHIN NINETY (90) DAYS OF THE DATE OF THIS APPROVAL TO THE SATISFACTION OF THE ASSOCIATION.

I understand that Architectural Review Board (ARB) members are not responsible for checking my contractor's Business License and that it is my responsibility. ARB members are not architects and do not endorse any products or services. The Association and ARB members accept no liability for the approval or denial of my request. The Association is not connected in any way to my proposed work and its outcome.

Signature of Owner

Date

Signature of Owner

Date

FOR OFFICE USE:

() Yes () No () N/A Provide copy of final permits	() Yes () No () N/A Contractor's business license	() Yes () No () N/A Interior site plans
() Yes () No () N/A Photographs/diagrams/brochures	() Yes () No () N/A Insurance certificate, includes additional insured. (liability insurance and workers' compensation)	

FOR BOARD OF DIRECTORS/ARB MEMBERS USE ONLY:

<input type="checkbox"/> Approved
<input type="checkbox"/> Approved with conditions work may not commence until a copy of the final signed-off building permit is furnished the Association.
<input type="checkbox"/> Approved with conditions:
<input type="checkbox"/> Disapproved
Board of Directors or ARB Members Signatures:
Comments: