

TRAILS END VILLAS CONDOMINIUM ASSOCIATION, INC.
REQUEST FOR APPROVAL FOR MODIFICATION TO UNIT

OWNER(s) NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Approval is hereby requested to make the following 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.

I understand and will comply with the following:

- That if the modification is not completed as approved, said approval can be revoked and the modification will be required to be removed by the owner at owner's expense
- That owner is responsible for payment of and repair to any and all damage done to common areas as a result of the installation.
- Owner is responsible for complying with all State, County and City building codes and to obtain all applicable permits
- To abide by the decision of the Architectural Review Committee (ARC) or the Board of Directors.
- If owner's request is not approved, or work performed is different than approved, owner understands and agrees, by signing below, that association may have area restored back to its original condition at unit owners' expense. This may include court action by the association and that owner shall be responsible for all reasonable attorney fees and costs.

Date of Request

Signature of Owner

DATE RECEIVED: _____

APPROVED (): _____

Signature

NOT APPROVED (): _____

Signature

CONDITIONS OF APPROVAL/COMMENTS: _____

Return To: David Grimmet, LCAM or email: office@seabreezecms.com
4227 Northlake Boulevard, Palm Beach Gardens, FL. 33410
Tel. (561)626-0917 Fax. (561) 626-7143