

Clubhouse Office: 6381 Chasewood Drive, Jupiter, FL 33458/Phone (561) 744-1617

## Architectural Change Request (updated 04/2020)

than above address):
tification sent to you:
S. Mail: Both:
Application Checklist: Sign & Date
Survey w/Sketch of work attached
Contractor License & Insurance
Copy of Contractor's Contract
Permit
ESCRIPTION OF WORK TO BE DONE

## **Acknowledgement of Applicant**

I understand that I must be the property owner to make application to the Association for Architectural Changes. I understand the application does not guarantee approval and that any approval must be received, in writing, prior to making the alterations sought in the application. I understand that Architectural Approval is based upon the aesthetics of the proposed change and does not certify the construction worthiness or structural integrity of the change proposed. I further understand that if I am digging, that my contractor must contact the appropriate utilities prior to digging. I understand that I must follow all local building codes and setback requirements when making the change and that a building permit may be required. I further understand that I may not deviate from the plans submitted and that any variation will require re-application.

SIGNATURE & PRINTED NAME OF PROPERTY OWNER:	
DATE:	DATE RECEIVED IN OFFICE:
Approv	ed as submitted
Cond	litionally Approved - State Conditions of Approval:
Deni	ed - State Reason(s) for Denial:
Signature & Printed	d Name of ACC or Board Member:
Signature & Printed	d Name of ACC or Board Member:
Signature & Printed	d Name of ACC or Board Member:
Date Approved/de	nied: