

**Avondale at Bear Lake's POA, Inc.**  
**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 ARB APPROVAL**

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

I, the undersigned owner hereby request permission from the Architectural Review Committee to make the following change:

**Description of addition/modification:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** A drawing and/or diagram, listing the specifications to be used, including materials, dimensions, type and color **MUST** accompany this request in order for this application to be considered or reviewed by the ARC/Board.

Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

IT IS HEREBY UNDERSTOOD THAT NO WORK SHALL BEGIN UNLESS THE OWNER HAS RECEIVED WRITTEN AUTHORIZATION TO PROCEED WITH THE REQUESTED CHANGE FROM THE ARCHITECTURAL REVIEW COMMITTEE THROUGH SEA BREEZE CMS, Inc. ANY WORK NOT PERFORMED IN STRICT CONFORMANCE WITH THE APPROVED PLANS SHALL BE CORRECTED TO CONFORM WITH THE APPROVED PLANS.

\_\_\_\_\_  
Unit Owner Signature

\_\_\_\_\_  
Unit Owner Signature

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**ARCHITECTURAL REVIEW COMMITTEE**

For Committee Use Only:

\_\_\_\_\_ The above request has been APPROVED.

\_\_\_\_\_ The above request has been APPROVED with the following revisions: \_\_\_\_\_

\_\_\_\_\_ The above request has been DENIED with the following revisions: \_\_\_\_\_

ARC/Board Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

ARC/Board Signature: \_\_\_\_\_ DATE: \_\_\_\_\_