

Byron Gardens Condominium, Inc.
ARCHITECTURAL APPROVAL REQUEST

ACCOUNT NO.: _____

UNIT OWNER: _____

ADDRESS: _____

HOME PHONE: (____) _____ BUSINESS PHONE: (____) _____

DESCRIPTION OF IMPROVEMENT: (Check appropriate box)

Roof Terrace Balcony Roof Modification Other

Brief Description Below:

PLEASE FORWARD THE REQUIRED DOCUMENTS

REQUIRED DOCUMENTS:

1. A copy of your lot survey or roof plan with the exact location of the proposed improvement drawn "to-scale" in a clear and legible manner.
2. A copy of the proposal for the improvement or change with full sets of plans and/or drawings and specifications from contractor.
3. The names, address and telephone number of the contractor.
4. If you are doing the work yourself, the included a detailed sketch or drawing of the improvement of change.
5. Letter of request providing as much information as possible regarding the exact location and description of the improvement or change and materials to be used.
6. Please permit a separate application for each improvement.

PLEASE FORWARD THIS APPROVAL FORM AND THE REQUIRED DOCUMENTS TO:

Byron Gardens Condo Association,
Inc C/O J&M Condo Management
9600 N.W. 25TH St, #4D
DORAL, FL 33172

Byron Gardens Condominium, Inc. ARCHITECTURAL APPROVAL REQUEST

I have read the above application. If approval is granted, I agree to comply with the following conditions:

1. An approval is only valid from sixty (60) days unless otherwise specified.
2. You must obtain any permits required from the City, County, governmental agencies, etc.
3. You must remove all debris (concrete, fill, etc.) from around your home and re-sod any areas that are destroyed.
4. You are responsible for any damage that may be caused to the sidewalks or roadway from heavy equipment.
5. You are responsible to maintain the alteration.
6. The contractor must provide a certificate of insurance naming the resident as certificate holder and the association must be added as additional insured.
7. The contractor must provide a copy of his occupational license.

PLEASE NOTE: OTHER CONDITIONS MAY BE APPLICABLE. THESE CONDITIONS WILL BE DETERMINED AND STIPULATED ON AN INDIVIDUAL BASIS.

I, _____, hereby make application, pursuant to the regulations of my neighborhood and master associations, for the architectural changes above noted and if said approval is granted, I agree to comply with the conditions stipulated herein. I further understand that I may be prosecuted by either my neighborhood association, the master association, or both associations, should I fail to comply with the covenants and restrictions of either association, or if I intentionally misrepresent information on this form.

SIGNATURE OF APPLICANT: _____ DATE: _____

Byron Gardens Condo Association, Inc APPROVAL

Approved by: _____
Signature

Denied by: _____
Signature

Name: _____

Name: _____

Approved by: _____
Signature

Denied by: _____
Signature

Name: _____

Name: _____

Comments: _____

