

ARCHITECTURAL MODIFICATION REQUEST FORM

Date: _____ Building #: _____ Unit #: _____

Unit Owner's Name (Applicant) _____

Telephone #: (Home) _____ (Work) _____

TYPE OF MODIFICATION BEING REQUESTED
(Please describe in detail. Include materials and colors used as well as size)

ARCHITECTS PLANS & DRAWINGS MUST BE ATTACHED BEFORE APPLICATION WILL BE CONSIDERED. COPIES OF CONTRACTORS' CURRENT CERTIFICATE OF INSURANCE, LICENSE, AND BUILDING PERMITS FROM THE CITY OF MIAMI LAKES MUST BE ATTACHED BEFORE FINAL APPROVAL FROM THE ASSOCIATION.

I/we hereby make application to CELEBRATION POINT MASTER ASSOCIATION for the above described item to be approved in writing.

I/we understand and acknowledge that approval for this request must be granted before work on the modifications may commence and that if modification/installation is done without approval of the Association; the Association may force the removal of the modification/installation and subsequent restoration to original form at my expense.

All contractors are responsible for removal of debris as a result of improvements

Name Printed: _____ Building #: _____ Unit #: _____

Signature: _____ Date: _____

This Section for Office Use Only

APPLICATION APPROVED

APPLICATION DENIED

CELEBRATION POINT MASTER ASSOCIATION

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____