GRS Management Inc
15280 NW 79TH Court, Suite 101
Miami Lakes, FL 33016
PH: (305) 823-0072 Fax: (305) 823-4888
Email: Customer@grsmanagement.com
Website: www.grsmanagement.com

GROVE'S EDGE CONDOMINIUM ASSOC, INC
ARCHITECTURAL MODIFICATION FORM

Date:_____ **Unit/Account #** _____

Owners Name: _____

Property Address: _____

Phone Number: _____ **Email Address:** _____

Architecture Review (ARB) approval is required before commencing any improvements on your property. If work has begun, you should stop immediately until you obtain approval from the ARB.

Your approval will be based on the Architectural guidelines as set forth in the Association's Documents.

Owner's Responsibilities:

1. Specifications of the proposed modification(s), including color, design, materials, dimensions, and location of modification with color brochures and/or paint samples.
1. Owners are responsible for obtaining any necessary permits from the appropriate Building and Zoning Department(s) and/or local government after receiving ARB Approval.
2. Access to areas of construction is only allowed through your property; any damage to the common area/elements by the owner's vendor during construction will be the responsibility of the owner.
3. Contractors and vendors are only allowed on the property Monday through Saturday. No vendors are allowed on Sundays or holidays.

The owner is responsible for complying with the applicable Laws of the City, County and State including license and insurance. It is also the owner's responsibility to make sure that all vendors contracted for the job have the proper current worker's compensation and general liability insurance.

I/We understand that approval of our request must be granted by ARB before I/We can have the job started. I/We also acknowledge that we could be compelled to have the item removed or changed if it is completed without prior approval. Furthermore, if the modification(s) are not completed as approved, said approval will be revoked and the modification(s) will be removed at the owner's expense. I/We hereby request to make the following modification(s), alterations, or addition(s) as described below and on the additional attached pages:

☐ **Front Door** ☐ **Shutters** ☐ **Windows** ☐ **Sound Proofing (Floors)** ☐ **A/C Unit** ☐ **Other**

Description: _____

Color samples (pictures, brochures, etc.) must be included on the attached page.

Job Started? ☐ **Yes** ☐ **No**

Date:_____ **Signature Owners:** _____

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Architectural Review Board (ARB) has 30 – 45 days to process this application.

☐ **Approved** ☐ **Disapproved**

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ARB Signature **ARB Signature** **ARB Signature**

Explanation of Disapproval: _____

_____

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Sample:

Note: _____