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

SUNRISE AT SUNSET VIEW CONDOMINIUM ASSOCIATION, 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: ☐ Owner ☐ Contractor
Architectural Plan or Drawings Attached? ☐ Yes ☐ No County/City Permit #
Work to Commence / / Expected Duration Days
Contractor Type # License # County/State
Insurance Company Policy #
Agent Name Phone Number
Copies of contract licensure attached ☐ Yes ☐ No Copies of permit attached ☐ Yes ☐ No
Copy of insurance attached ☐ Yes ☐ No Date final inspection expected / /

Note that the association must be named insured, even if you are performing work yourself.

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 ensure that all vendors contracted for the job have the required workers' compensation and general liability insurance. Please include copies of the general liability insurance and workers' compensation with your request.

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** ☐ **Satellite Dish**

☐ **Other: <u>All exterior modifications, including but not limited to items above.</u>**

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: _____