

SUNRISE AT SUNSET VIEW CONDOMINIUM ASSOCIATION, INC

ARCHITECTURAL MODIFICATION FORM

GRS MANAGEMENT INC.
15280 NW 79th Court, Suite 101
Miami Lakes, FL 33016
Tel: (305) 823-0072
customer@grsmanagement.com

Date: _____

Owner's Name: _____

Property Address: _____

Acct# _____ Phone: _____

Architectural Review Board (ARB) approval is required before commencing any improvements on your property. If work has begun, you should stop immediately until obtaining an 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 ¹ Yes No Copies of permit attached ² Yes No

Copy of insurance attached ³ Yes No Date final inspection expected ⁴ _____ / _____ / _____

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:

Interior Satellite Dish Exterior: Installation of Air Conditioning Unit

Other (Specify) _____

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

Date: _____ Signature of Owner: _____

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

(FOR ARB USE ONLY)

Date Application Received: _____ Date of Approval/Disapproval: _____

Approved Disapproved _____
ARB Signature ARB Signature ARB Signature

1. If using a contractor, the documents must be provided before work begins.
2. If a permit is required, it must be obtained before work begins.
3. The necessary documentation must be provided before work begins.
4. A copy of the final inspection report must be submitted to the association within 30 days of completing the work.
5. When installing tiles, a soundproof installation with a minimum STC (Sound Transmission Class) of 72 is required..

**** Final inspection will be completed by the Committee of board members**

Sample from:

Interior Satellite Dish Exterior: Installation of Air Conditioning Unit

Other (Specify) _____

Notes:
