

Intracoastal Condominium Association, Inc.  
Request for Architectural Modification

Owner's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

Approval is hereby requested to make the following modification(s), alteration(s) or addition(s) as described and depicted below or on additional pages as necessary. **Please include such details as the dimensions, materials, color, design, location and other pertinent data.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand and will comply to:

1. That if the modification is not completed as approved, said approval can be revoked and the modification will be required to be removed by the owner's expense.
2. That I am responsible to pay for and repair any and all damage done to the common areas as a result of an installation.
3. To comply with the state, country, and/or city building codes and to obtain all necessary permits, if applicable.
4. To abide by the decision of the Architecture Review Committee or the Board of Directors.
5. That if the modification is not approved or does not comply, I/we may be subject to court action by the Association and then I/we shall be responsible for all reasonable attorney's fees.
6. If the Association incurs an expense while considering the application with an outside professional (i.e. a licensed Architect) the applicant will be responsible for said fee.

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Signature of Homeowner

\*\*\*\*\*

Date Received: \_\_\_\_\_

( ) Disapproved By:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) Approved By:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved Subject to: \_\_\_\_\_

\_\_\_\_\_

Return To: Integrity Property Management, 5665 Coral Ridge Dr., Coral Springs, FL 33076  
Phone: 954-346-0677 Fax: 954-340-8844 nzinga@ipmflorida.com