

**LAKE WEST MEDICAL CONDOMINIUM ASSOCIATION, INC.**

**C/O CMC Management, Inc.**

2950 Jog Road, Greenacres, FL 33467

561-641-1016, 561-641-9118 Fax

**REQUEST FOR REVIEW FOR ARCHITECTURAL/EXTERIOR MODIFICATION**

Owner's Name(s): \_\_\_\_\_

Owner's Unit Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**IN ORDER TO PROCESS THIS APPLICATION THE FOLLOWING MUST BE ATTACHED:**

1. Sketch of boundary survey with proposed modifications drawn on the survey
2. The appropriate drawings showing both a Plan View and an Elevation
3. Specifications of the proposed modifications (example: color, style, size, etc.).
4. Contracted work must include copies of license & insurance.
5. Estimated completion date of the project \_\_\_\_\_. Total number pages attached \_\_\_\_\_.

**Your approval shall be subject to the following:**

1. You are responsible for obtaining any necessary permits from the appropriate Building and Zoning Department(s).
2. Access to areas of construction is only to be allowed through your property, and you are responsible for any damage done to the common elements during construction.
3. All modifications must adhere to all federal, state and county rules.
4. This is approved from the "aesthetic point of view and does not constitute approval from an engineering/structural point of view."
5. Any modifications, additions or deletions made to the attached plans after approval will void this approval and require a new application be submitted and reviewed.
6. All work must be completed within 90 days of the date of this signed approval. If completion will exceed the allotted time frame, you must resubmit your application for approval.

Approval is hereby requested to make the following modification(s), alterations, or addition(s) as described below and on the additional attached pages:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Upon approval of my request for this modification, I/We will assume all liability for any damage incurred as a result of this modification. I/we understand that I/we will be responsible for any and all maintenance required for this modification/alteration. I/we also agree to obtain any permits that may be required from any and all governmental agencies for this modification.

Owner(s) Signature(s) \_\_\_\_\_

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**(FOR BOARD OF DIRECTORS USE ONLY)**

Date application received \_\_\_\_\_ Date reviewed \_\_\_\_\_ Approved or Disapproved

\_\_\_\_\_ (Board of Director Signature)

Notes from the Board of Directors below:

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