

ISLAND TOWERS CONDOMINIUM ASSOCIATION, INC.

C/o Century Management Consultants, Inc.

2950 Jog Road, Greenacres, FL 33467

561-641-1016 ~ 561-641-9118 Fax

info@cmcmangement.biz

ARCHITECTURAL REVIEW FORM

Application for Modification/Request for Approval

Date: _____

Owner(s) Name(s): _____

Address: 311 E. Ocean Ave, Unit # _____, Lantana, FL 33462

Email: _____ Phone: _____

Expected date of commencement: _____ and completion _____

Proposed Modification: _____

Name of Contractor: _____ Phone: _____

Copies of Contractor's Insurance, Permits and License are attached: YES NO

By my signature below, I _____, understand that all applicable regulations and requirements must be adhered to. Any applicable permits and/or governmental authority approvals must be secured prior to commencement of any work and is attached to this application form. In addition, I accept the responsibility for, and will repair at my own expense, any damage to the Associations property created as a result of this modification. I also understand that any modifications, additions or deletions made to the original plan after approval, will void this approval and require a new application be submitted and reviewed. I also understand that if work is not completed within 90 days of the date of the approval, the approval will be null and void and a new application will be required.

Signature of Owner(s) _____

*****FOR BOARD OF DIRECTORS USE ONLY*****

Approved Disapproved

Comments: _____

Signature of ACC Member: _____ Date: _____

Signature of ACC Member: _____ Date: _____

Inspected by: _____ Date: _____