

OAKTON PRESERVE

C/O CMC Management, Inc., 2950 Jog Road, Greenacres, FL 33467

ARCHITECTURAL REVIEW FORM Application for Modification/Request for Approval

Date: _____

Owner(s) Name(s): _____

Address: _____

Telephone #'s _____

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.

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

Approved Disapproved

Comments:

Signature of Board Member: _____ Date: _____

Print Name and title: _____