

**MAGNOLIA BAY CONDOMINIUM, INC**  
c/o CMC Management, Inc  
2950 Jog Road  
Greenacres, FL 33467

**ARCHITECTURAL REVIEW FORM**  
**Application for Modification/Request for Approval**

**Instructions:**

The community and each unit are governed by the Governing Documents, Rules and Restrictions and By-Laws of this Association. The design and use of the properties must be in harmony with the nature of the community as determined by the Board of Directors.

This form must be filled out completely and turned into the Association Office prior to any remodeling, construction or improvement to the interior or exterior of any individual home including, but not limited to, windows, storm shutters, Ac units replacements and screened patios. All contractors must be licensed and insured.

*\*No unit owner shall make or permit to be made any alteration, addition or modification to their unit without prior written approval of the Association. No unit owner shall cause any improvements or changes to be made to the exterior of the unit, or patio.*

**IN ORDER TO PROCESS THIS APPLICATION, THE FOLLOWING ITEMS MUST BE ATTACHED. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT WITHOUT APPROVAL.**

- *Copies of contractor's LICENSE, certificate of INSURANCE and all PERMITS must be attached to this application before approval can be granted.*
- *Appropriate drawings, specifications (color, style, size, samples, etc.) must be attached*

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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 \_\_\_\_\_ read the instructions and 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 USE ONLY\*\*\*\*\*

Approved       Disapproved

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Board Member: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_