PLAYERS PLACE LAKESIDE, INC.

Architectural Control Committee - Request for Approval to Modify Property

DATE:_____ **NAME:**_____ **UNIT NO:**_____

ADDRESS:_____ **TELEPHONE: (____)**_____

INSTRUCTIONS - CONDITIONS FOR APPROVAL

1. **This application will not be processed unless signed by applicant(s) where indicated and the required supporting material is submitted.**
2. **All requests for building or landscape improvements or additions must be accompanied by a survey of the property. Two complete sets of plans and specifications prepared by an architect, engineer, private contractor or other qualified person shall be attached to the application.**
3. **Information contained in these plans and specifications must show the nature, kind, shape, height, materials, color and location of the requested change or alteration. Color chips are required when painting your unit. A sample of roof shingle/tile is required when re-roofing.**
4. **As a condition precedent to granting any request for a change, alteration or addition, the applicant, his heirs and assigns, hereby assumes sole responsibility for the repair, maintenance or replacement of any such addition or change and agree to maintain same in the approved condition.**
5. **The applicant assumes all responsibility for any infringement on or interference with existing facilities and easement on the property.**
6. **Approval of this request does not constitute approval of the structural integrity of the requested modification and is intended solely to maintain harmonious visual aesthetics within the community.**
7. **Approval is conditioned upon all applicable governmental permits or approval obtained by the applicant prior to construction and final inspections are completed.**
8. **All work must be started within 90 days of date of approval. Failure to implement work within 90 days will require the homeowner to re-submit a Request Form.**
9. **No work may be commenced until this form has been processed and returned to the applicant as signed and approved by an authorized member of the Board.**
10. **No application will be processed or approved unless the applicant unit is current in any and all assessments due to the Association.**

In accordance with, and in understanding the requirements of, the Declaration of Covenants, Conditions and Restrictions of the governing Documents of the Community, to which I belong and in acknowledgement of, and in agreement with, the above stated conditions, I/we make application for the following addition, modification, change or improvement upon my/our property. (Describe in detail the modification requested and sign this form where indicated. If more space is needed use the reverse side of this application. _____

_____

_____

_____ _____

Signature of Applicant **Signature of Applicant**

ASSOCIATION ACTION TAKEN: Your request is:
APPROVED:___ **CONDITIONALLY APPROVED:**___ **DISAPPROVED:**___ ***INCOMPLETE:**___
***The following additional information is required, or approval is conditioned upon:**_____

_____

BY:_____ **TITLE:**_____ **DATE:**_____

Authorized Association Signature

PLEASE RETURN FORM AND ALL INFORMATION TO:

Premier Association Management
Phone: (954) 420-1030
1451 W. Cypress Creek Road, Suite 300, Ft. Lauderdale, FL 33309
PO Box 668362, Pompano Beach, FL 33066
Website : www.pam-fl.com