

REQUEST FOR ARCHITECTURAL REVIEW FIRENZE AT RENAISSANCE COMMONS

PLEASE SEND TWO (2) COMPLETE SETS OF YOUR REQUEST

Date Received By Management Company _____

Name: _____

Directions:

Address: _____

1. Fill in request information.

Lot #: _____

2. Sign form

3. Mail with proper postage and postmark to:

Phone (H): _____ (W) _____

Firenze at Renaissance Commons

c/o Tallfield Management.

12765 W. Forest Hill Blvd., Ste. 1320

Wellington, FL 33414

If you have any questions about this form, or what is required for your project, please contact Tallfield Management at (561)983-6000

- A. Brief Description: In the space below and if more space is needed use a separate sheet, give a description of the alteration, improvement, addition or other changes you would like to make to the exterior of your home (to avoid delays, be as clear as possible). Please include such detail as the dimension, materials, color, design, location and other pertinent data. PLEASE PRINT OR TYPE.

- B. Please attach to this application the following items (see also attachment 1):

_____ Property survey showing the location of the improvement

_____ Plans, elevations or detailed sketch

_____ Paint color chip (where applicable)

HOMEOWNER AFFIDAVIT

I have read, understand and agree to abide by the Covenants and Restrictions of the Association. I understand and in return for approval I agree to be responsible for the following:

- For all losses caused to others, including common areas, as a result of this undertaking, whether caused by me, or others.
- To comply with all state and local building codes.
- For any encroachment(s).
- To comply with conditions of acceptance (if any); and
- To complete the project according to the approved plans. If the modification is not completed as approved, said approval can be revoked and modification shall be removed by the owner at the owners' expense.
- Applicant further acknowledges that drainage swales have been designed and established between homes (side yard) to carry storm water off the lot and to maintain positive drainage away from home. The Association shall not be responsible for any effect proposed landscaping installation may have on this drainage. The applicant shall be responsible.

I also understand that the ACC does not review and assumes no responsibility for the adequacy, capacity or safety features of the proposed construction, alteration or addition; for soil erosion of uncompactable or unstable soil conditions for mechanical, electrical or any other technical design requirements for the proposed construction, alteration or addition, or for performance, workmanship or quality of work of any contractor or of the complete alteration or description.

I agree to abide by the decision of the Architectural Control Committee or Board of Directors. If the modification is not approved or does not comply, I may be subject to court action by the Association. In such an event, I shall be responsible for all reasonable attorney's fees.

Date of request

Signature of Homeowner

Do not write below this line

Approved by Architectural Control Committee

Approved subject to following conditions:

Pending insufficient information. Resubmit requested information. Be sure to include the following.

Denial, not approved for following reason:

By:

Signature of ACC member

Date: _____