

Request for Architectural Committee Review

DIRECTIONS: 1. Fill in requested information. 2. Sign form.

Completed application are to be submitted to:

Phoenix Management
6131B Lake Worth Rd.
Greenacres, FL 33463

WATERCHASE HOMEOWNERS ASSOCIATION JOB # _____

NAME _____

ADDRESS _____

CITY/STATE _____ ZIP _____

PHONE# (H) _____ (W) _____

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM OR THE
RESTRICTIONS OF YOUR ASSOCIATION. CALL THE ASSOCIATION
@ 561-964-1550
NO WORK TO BE STARTED UNTIL APPROVED BY A.R.B.

>>> ITEMS CHECKED BELOW MUST BE INCLUDED WITH THIS APPLICATION <<<
TO AVOID DELAYS be as clear as possible. IF YOU HAVE QUESTIONS CALL.

OFFICE USE	[] BRIEF DESCRIPTION OF ALTERATION, IMPROVEMENT, ADDITION, ETC. _____ _____ _____
[]	[] SURVEY/PLOT PLAN
[]	[] SKETCH
[]	[] BUILDING PLANS
[]	[] PAINT COLOR CHIP (Note both Base Color & Trim)
[]	[] OTHER
[]	[] OTHER

NOTE:

Work must be started by: _____
Work must be completed by: _____

Homeowners Affidavit

I HAVE READ THE COVENANTS AND RESTRICTIONS OF MY ASSOCIATION AND AGREE TO ABIDE BY THEM. I UNDERSTAND THAT I AM RESPONSIBLE FOR THE FOLLOWING:

- >ALL LOSSES CAUSED TO OTHERS AS A RESULT OF THIS UNDERTAKING - WHETHER CAUSED BY ME OR OTHERS.
- >TO COMPLY WITH ALL LOCAL BUILDING CODES OR PERMIT REQUIREMENTS.
- >FOR ANY ENCROACHMENT(S).
- >TO FOLLOW CONDITIONS OF ACCEPTANCE (if any)

SIGNED _____
(HOMEOWNER)

DATE _____

* * * DO NOT WRITE BELOW THIS LINE * * *

MASTER ASSOC.	[] APPROVED BY ASSOCIATION
[]	[] APPROVAL SUBJECT TO CONDITIONS TO RIGHT >>>>>>>>>>
[]	[] INSUFFICIENT INFORMATION > RESUBMIT ON NEW FORM
[]	[] NOT APPROVED - SEE RIGHT
BY _____	DATE _____
BY _____	DATE _____