

CYPRESS BEND CONDOMINIUM IV ASSOCIATION INC

c/o J& L Property Management, Inc.
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Coral Springs, FL 33065
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ARCHITECTURAL CHANGE REQUEST FORM

Unit Owner Name: _____ BLDG#: _____ UNIT#: _____
Unit Owner Phone Number:
Additional Information if needed: _____

Contractor: _____ License Number: _____
Address: _____ Phone #: _____

Major alterations to the Interior of your unit and any anticipated changes to the Common Area you do must be Approved by the Association via this form with proof of Contractor being Licensed and Insured **PRIOR TO ANY WORK BEING PERFORMED.** See Rules & Regulations Revised: July 15, 2010 for further clarification.

---**The most common is flooring, the underlayment and soundproofing, whether Tile or Laminate must be verified as properly installed.** Windows, Screen Doors, and Landscaping are several other items that require this form. If you are in doubt contact Nick at the above address. Better to be safe than sorry as the Association is very strict regarding changes that do not promote the welfare of the community or conform to the existing esthetics.

ARCHITECTUAL CHANGE REQUESTED: _____

Material, Type and Color: _____

Signature and Date of Requestor: _____

THE CHANGE REQUESTED HAS BEEN APPROVED: _____; DENIED _____;
APPROVAL STIPULATED WITH: _____.

Authorized Board, Management or Maintenance Signature _____ Dated: _____

Print

FINAL CBIV VERIFICATION AND SIGN OFF ON WORK DONE: Dated: _____
SIGN AND PRINT: _____

POST IN KITCHEN WINDOW DURING WORK