

Crystal Key at Woolbright Place HOA Inc.
C/O Southern Shores Management Inc.
6801 Lake Worth Rd Suite 111
Greenacres FL 33467
Office: 561-460-2619 Fax: 1-888-582-3876

ARCHITECTURAL REQUEST FORM

DATE: _____
OWNERS NAME: _____
ADDRESS : _____
PHONE NO: _____

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

- For 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 permits requirements.
- For any encroachments(s)
To comply with conditions of acceptance (if any)
- Complete the project according to plans

Owners Signature

, DOCUMENT CHECK LIST :
(check all that apply)

- SURVEY/PLOT PLAN
- BLDG PLANS
- ELEVATIONS
- DETAILS
- SPECIFICATIONS
- PERMIT
- PHOTOS
- OTHER

BRIEF DESCRIPTION OF ADDITION ALTERATION IMPROVEMENT ETC.

-----DO NOT WRITE BELOW THIS LINE -----

- APPROVED BY ASSOCIATION
- APPROVED SUBJECT TO ATTCHED CONDITIONS
- INSUFFICIENT INFORMATION – submit a new form including the following:
- NOT APPROVED

SIGNATURE OF AUTHORIZED AGENT: _____ DATE: _____