

**PINE NEEDLE PARK P.O.A 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

Onlineat: [www.southernshoresmanagement.com](http://www.southernshoresmanagement.com)

**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

o DOCUMENT CHECK LIST:

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

BRIEF DESCRIPTION OF ADDITION, ALTERATION, IMPROVEMENT, ETC:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

( ) APPROVED BY ASSOCIATION

( ) APPROVED SUBJECT TO ATTACHED CONDITIONS

( ) INSUFFICIENT INFORMATION - submit a new form including the following:

( ) NOT APPROVED

**SIGNATURE OF AUTHORIZED AGENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_