

# Wyndam Park Homeowners Association

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 Number: \_\_\_\_\_

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 encroachment(s)
- To comply with condition of acceptance (if any)
- Complete the project according to plans.

\_\_\_\_\_  
Owners Signature

- DOCUMENT CHECKLIST
- SURVEY/ PLOT PLAN
- BLUIDNG PLANS
- ELEVATIONS
- DETAILS
- SPECIFCATIONS
- PERMIT
- PHOTOS
- OTHER

### BRIEF DESCRIPTION OF ADDITION. ALTERATION, IMPROVEMENT:

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

( ) APPROVED BY ASSOCIATION

( ) APPROVED SUBJECT TO CONDITIONS

( ) INSUFFICIENT INFORMATION –SUBMIT NEW FORM INCLUDES THE FOLLOWING:

( ) NOT APPROVED

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