Brock Property Management, Inc. 12444 W. Atlantic Blvd., Coral Springs, FL 33071 Phone: (954) 753-2675 Fax: (954) 340-8541 Email: Brock@BrockPM.com

ARCHITECTURAL MODIFICATION FORM (AMF)

Property Owner(s)		Date
Home Phone	_ Cell	Email
Property Address		
Legal Description		
Community Name		Lot #

Write a brief description of modification, project, or improvement below. Include paint color, pavers color, shutter color. etc.

Anticipated Starting Date: Completion Date:

Required Documents:

- a. A recent survey of the subject property wherein the exact location of the proposed improvement has been delineated on the survey (to-scale).
- b. One (1) full set of plans and specifications.
- c. Proof of ownership (copy of Warranty Deed).
- d. A color photo or sample of the material you will use (window/door, paint scheme, fence material/color, roof tiles, etc.)
- **Copy of contractor's license** e.
- Copy of contractor's insurance (liability and workman's comp) certificate listing the association as an f. additional insured. It should read on the certificate:
 - **Association Name** c/o Brock Property Management, Inc.

PO Box 770850, Coral Springs, FL 33077

PLEASE NOTE: THESE ITEMS WILL NOT BE RETURNED. NO CHANGES MAY BE MADE IN PLANS AFTER APPROVAL WITHOUT THE WRITTEN CONSENT OF THE ASSOCIATION.

CONDITIONS:

- You are responsible for any and all damage to underground utilities, including sewer, water, cable, electric & phone. 1.
- 2. You must remove all debris (concrete, fill, etc.) from around your home and re-sod any areas that are modified or destroyed.
- 3. You are responsible for any damage that may be caused to the sidewalks or roadways from heavy equipment.
- 4. Subject to the Board's final inspection and approval after construction is completed.
- 5. You are responsible to maintain the alteration.

PLEASE NOTE: OTHER CONDITIONS MAY BE APPLICABLE. THESE CONDITIONS WILL BE DETERMINED AND STIPULATED ON AN INDIVIDUAL BASIS. APPROVAL ONLY GOOD FOR NINETY (90) DAYS FROM THE APPROVAL DATE.

ACKNOWLEDGEMENT

I,, (homeowner name) residing at	(address), hereby
make application for approval, pursuant to the regulations of my neighborhood association, for the archi	tectural changes above
noted and if said approval is granted, I agree to comply with the conditions stipulated herein and to the a	ppropriate building
department to obtain all permits required. I further understand that I may be prosecuted by the Association	on should I fail to
comply with its Covenants and Restrictions.	

SIGNATURE OF OWNER: _____ DATE: ____

HOMEOWNER/CONDOMINIMUM ASSOCIATION ONLY: BOARD RESPONSE				
APPROVED:	DENIED DATE:			
DATE:	<i>REASON:</i>			
SIGNOFF BY:	SIGNED BY:			
SIGNOFF BY:	SIGNED BY:			
SIGNOFF BY:	SIGNED BY:			