

8333 NW 53 St Suite 450 Doral, FL 33166 Telephone: manager@lsmanagementsolutionsgroup.com www.lsmanagementsolutions.com

THIS FORM TO BE USED WHEN REQUESTING A CHANGE INSIDE/OUTSIDE OF YOUR HOME

REQUEST FOR REVIEW FOR ARCHITECTURAL MODIFICATION

Owner's Name:		·
Block	Lot	Address:
Day Phone:		Evening Phone:
Cell Phone:		E-Mail
		LICATION THE FOLLOWING MUST BE ATTACHED:
		pposed modifications drawn on the survey.
		ooth a Plan View and an Elevation.
3. Specifications of the p	roposed modif	ications (example: color, style, etc.)
Approval is hereby requ		the following modifications(s), alterations, or additions(s) as described ages:
Date:	Signature	of Owner:
	FOR !	BOARD OF DIRECTORS USE ONLY
Date: Application Receive	ed	Approved or Disapproval
Approved	Disapproved	<u></u>
		(Board of Director Signature)
Your approval is subject t		
	obtaining any	necessary permits from the appropriate Building and Zoning
Departments(s).	struction are on	y to be allowed through your property, and you are responsible for any and
		elements during construction. (Including the roads and gates by contractor
or third parties in		
Explanation of Disap		, ••15.4.4.•1.1),
Emplanation of Disap	proven.	