

PINE RIDGE NORTH VILLAGE IV CONDOMINIUM ASSOCIATION. INC.

ARCHITECTURAL MODIFICATION APPLICATION FORM

Please Return to:

Pine Ridge North IV Board of Directors
ATTN: Property Manager -Richard Fixel
Email: PineridgeNV4@outlook.com
Fax: (561) 721-3394

Date: _____

Unit #: _____

Unit Owner (Applicant): _____

Telephone # _____ (please indicate if home/cell)

Type of modification being requested (Please describe in detail. Include material, color, size/dimensions or areas involved.) Please refer to the Declaration of Condominium/Covenant Section.

ARCHITECT'S PLANS AND DRAWINGS AND/OR MATERIAL SPECIFICATION MUST BE ATTACHED BEFORE APPLICATION WILL BE CONSIDERED. COPIES OF CONTRACTORS' CURRENT CERTIFICATE OF INSURANCE AND LICENSE REQUIRED. UPON ASSOCIATION APPROVAL, BUILDING PERMITS FROM _____, CONSTRUCTION IMPROVEMENT PAYMENT (IF REQUIRED) MUST BE PROVIDED PRIOR TO COMMENCING WORK.

_____/I/We hereby make application to PINE RIDGE NORTH IV for the above describe item to be approved in writing.

_____/I/We understand and acknowledge that approval of this request must be granted before work on the modification may commence and that if modification/installation is done without the approval of the Association, the Association may force the removal of the modifications/installation and subsequent restoration to original form at my expense.

All contractors are responsible for the removal of debris as a result of improvements. Upon approval, remember to schedule with the Management office in advance for the installation date(s).

Applicant: _____ Date: _____ Applicant: _____
_____ Date: _____

This Section for Office Use Only

Application Approved: _____ Application Denied: _____

By: _____ Date: _____