

THE RACQUET CLUB OF FORT LAUDERDALE ASSOCIATION, INC.

C/O Real One Property Management, LLC

PO Box 590035 Fort Lauderdale FL 33359

Ph: (866) 205-2250 | **Fax:** (888) 436-0522 | **Email:** info@realonepm.com

ARCHITECTURAL REVIEW FORM

Name of Association: THE RACQUET CLUB OF FORT LAUDERDALE ASSOCIATION, INC

Owners Name: _____

Building: _____ Unit: _____

Telephone: _____ Cell: _____

Email: _____

I/We hereby make application to the Architectural Review Committee to make the following changes and/or additions to my residence:

Please attach a detailed description of your modification along with drawings and surveys. Your description must include, but is not limited to, materials, colors, site, etc.

I agree:

- 1- That if the modification is not completed as approved, said approval can be revoked and the modification removed by the owner.
- 2- That I am responsible to pay for and repair any and all damage done to the common areas as a result of the modification.
- 3- To abide by the decision of the Architectural Review Committee or the Board of Directors.
- 4- To comply with the state, county, and city building, electrical and plumbing codes.
- 5- To obtain all necessary permits if applicable.

I have read, understand and agree to all of the above.

Date of Request: _____ Owner's Signature: _____

FOR BOARD OF DIRECTORS USE ONLY
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Date: ____/____/____

Approved Disapproved

Comments: _____

Signature of Board Member: _____ Print Name & Title: _____

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The community and each lot are governed by the Governing Documents, Rules and Restrictions and By-Laws of the Association. The design and use of the properties must be in harmony with the nature of the community as determined by the Board of Directors.

This form must be filled out completely and turned into the Association **prior** to any remodeling, construction or improvement to the subject property.

All contractors must be licensed and insured.

In order to process this application, the items outlined below must be attached to this application before approval can be granted. Incomplete applications will be returned to the applicant without approval.

List of item supporting the modification application:

- Copies of contractor's **LICENSE**, certificate of **INSURANCE** and all **PERMITS**
- Appropriate drawings, specifications (e.g. color, style, size, samples, etc.)

Please note the following:

- Application is valid for 90 day from the date of approval.
- After competition, owner is responsible to contact Property Management to schedule the final inspection of modification. Please use the following information to contact Management company:

MAILING ADDRESS:

Real One Property Management

PO Box 590035

Fort Lauderdale FL 33359

PH: (866) 205-2250

FAX: (888) 436-0522

EMAIL: info@realonepm.com

www.realonepm.com

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