

# THE ENCLAVE AT FAIRWAY ISLES HOMEOWNERS ASSOCIATION, INC.

C/O Real One Property Management

PO Box 3346 BOYNTON BEACH, FL 33424

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

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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 interior or exterior of any individual home including, but not limited to, windows, storm shutters, satellite dishes, gutters, spouting, downspouts, porches and landscaping.

## **All contractors must be licensed and insured.**

***No owner shall make or permit to be made any alteration, addition or modification to his unit without prior written approval of the Association. No unit owner shall cause any improvements or changes to be made to the exterior of the home, patio or landscape including painting or other decoration.***

***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:***

- All landscape plantings must be approved by the Board of Directors.
- The Architectural Review Committee will review all modification requests at the monthly meetings held the 2nd Tuesday of each month.
- 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 3346  
BOYNTON BEACH, FL 33424

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**FAX:** (888) 436-0522

**EMAIL:** info@realonepm.com

**DO NOT SUBMIT THIS PAGE. PAGE FOR YOUR RECORD**

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**ARCHITECTURAL REVIEW FORM**

**Application for Modification/Request for Approval**

Date: \_\_\_\_\_

Owner (s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Expected date of commencement: \_\_\_\_\_ and completion: \_\_\_\_\_

Proposed Modification: \_\_\_\_\_

\_\_\_\_\_

Name of Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Copies of Contractor's Insurance, License, and Permits attached?  Yes  No

By my signature below, I (print) \_\_\_\_\_ read the instructions and understand that all applicable regulations and requirements must be adhered to. Any applicable permits and/or governmental authority approval must be secured prior to commencement of any work and is attached to this application form. In addition, I accept the responsibility for, and will repair at my own expense, any damage to the Association's property created as a result of this modification. I also understand that any modifications, additions or deletions made to the original plan after approval, will void this approval and require a new application be submitted and reviewed. I also understand that if work is not completed within 90 days of the date of the approval, the approval will be null and void and a new application will be required.

Applicant Signature: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**FOR BOARD OF DIRECTORS USE ONLY**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved  Disapproved

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Board Member: \_\_\_\_\_ Print Name & Title: \_\_\_\_\_