

**RIVERVIEW GARDENS APARTMENTS CONDOMINIUM ASSOCIATION, INC.
REQUEST FOR ARCHITECTURAL MODIFICATION**

This form must be executed and approved before any alteration can be started. Please allow two (2) weeks for processing.

TO: THE BOARD OF DIRECTORS OF RIVERVIEW GARDENS APARTMENTS CONDOMINIUM ASSOCIATION, INC.

FROM: Owner's Name: _____ Contact Phone Number: _____
1000 S.E. 4th Street, Fort Lauderdale, Florida Unit Number: _____

NAME OF CONTRACTOR: _____ PHONE: _____
ADDRESS: _____ EMAIL: _____
LICENSE NUMBER: _____

Is a Permit being applied for? _____ The Board has the right to rescind approval if a require permit is not obtained from, or approved by the City.

Approval is hereby requested to make the following modifications, alterations or additions as described and depicted below, or on additional pages if necessary. Details such as dimensions, materials, color, design, location, drawings or pictures, and any other pertinent data are required to be submitted along with this form.

I understand that any damage to any other property created by the workmen during the completion of said alteration shall become my responsibility to correct. I also understand that the maintenance, replacement and insurance of the change applied for is my responsibility, and the approval for such change or addition can be revoked if it interferes with or damages adjoining property. If the change or addition causes damage to a common area, I understand the expense of necessary repairs is mine. **To ensure compliance, I understand that I must pay a common area damage deposit equal to 5% of the cost of my renovations. Providing the exterior of the building is left undamaged and clean, the deposit will be refunded to me upon completion of my modification.**

Unit Owner's Signature: _____ Date: _____

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ASSOCIATION APPROVAL

Date Reviewed: _____ Approved: _____ Disapproved: _____ By: _____

Board Member Signature

Comments: