

Submit to: Ambassador Community Management
7100 W Commercial Blvd Suite 107
Lauderhill, FL 33319
954-741-8811 Fax: 954-239-5196

**PARC COURT CONDOMINIUM ASSOCIATION
REQUEST FOR ARCHITECTURAL MODIFICATION**

This form **must** be executed and accepted before any alteration can be made. **Please Print**

Owner's Name:	
Property Address:	Email Address:
Home Phone:	Cell Phone:

Approval is requested for the following modification(s), addition(s), and/or alteration(s) as described below and/or on attached page(s):

Check the applicable boxes and describe below:

- | | | |
|--|--|--|
| <input type="checkbox"/> Exterior Front Door | <input type="checkbox"/> Hurricane Panels/Accordion Shutters | <input type="checkbox"/> Hurricane Impact Windows |
| <input type="checkbox"/> Exterior Garage Door | <input type="checkbox"/> Exterior Screening Modification | <input type="checkbox"/> Unit Windows (Repair/Replacement) |
| <input type="checkbox"/> Upstairs Interior Flooring (STC must meet or exceed Florida Code) | <input type="checkbox"/> Satellite Dish (Cannot be attached to the building) | <input type="checkbox"/> Other Exterior Modification |

Additional Information/Detail: _____

Attached...Please note you MUST provide the following: (If Applicable)

- | | |
|---|---|
| <input type="checkbox"/> Color plan(s) being used | <input type="checkbox"/> Detailed map/drawing of location(s) of Modification(s) |
| <input type="checkbox"/> Contractor's License & Certificate of Insurance (for Liability & Workers' Compensation) and Phone Number | <input type="checkbox"/> Sample(s) and/or /Picture(s) of product |
| <input type="checkbox"/> Building permit application, if required by the City | <input type="checkbox"/> Other: _____ |

By Initialing Below Owner Agrees And Acknowledges As Follows:

_____ I agree and understands to be responsible for obtaining any necessary permits from the City of Plantation Building and Zoning Department.

_____ I agree to compliance to all the Declarations, By-Laws, & Rules & Regulations of the Association(s) in all respects, and that any damage to any common or limited common areas created by the contractor during the completion of said alteration shall become my responsibility to correct.

_____ I agree to be fully responsible for any and all association property that needs to be removed to satisfy my alteration/modification and that it is my sole responsibility to pay for the replacement/restoration of the area.

I hereby agree to all the terms and conditions listed on this form:

Unit Owner's Signature: _____ Date: _____

Date Received: _____

Approved: YES NO

Board Member Signature: _____ Date: _____

Comments: