

Office Use

Community: THE COLONY Lot/Unit: \_\_\_\_\_ Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_

ANY APPROVAL BY THE ASSOCIATION IS SUBJECT TO THE OWNER COMPLYING WITH ALL LOCAL, COUNTY AND STATE LAW, ORDINANCES, RULES, REQUIREMENTS, ETC. A COPY OF THE SURVEY OF THE LOT ON WHICH PROPOSED LOCATION OF THE IMPROVEMENT IS MARKED MUST ACCOMPANY THIS FORM.

## REQUEST FOR ARCHITECTURAL REVIEW

<u>Document Check List</u>		<u>Requestor Information</u>
<input type="checkbox"/> Survey/Plot Plan	<input type="checkbox"/> Specifications	Date: _____
<input type="checkbox"/> Bldg. Plans	<input type="checkbox"/> Permit(s)	Name: _____
<input type="checkbox"/> Elevations	<input type="checkbox"/> Photos	Address: _____
<input type="checkbox"/> Details	<input type="checkbox"/> Other (noted)	Phone: _____

Brief description of addition, alteration, improvement, etc.:

---

---

---

---

Approximate Start Date: \_\_\_\_\_ \* Please note, if work is not started within 30 days, please call Management to advise.

Contractor: _____	<b><u>Owner Affidavit</u></b>  I have read the covenants and restrictions of my Association and agree to abide by all rules and regulations. No work will commence without the approval of the Association. I understand that it will be my sole responsibility and expense to correct and repair any damage associated with this alteration.  Signed: _____
Address: _____	
Phone: _____	
<input type="checkbox"/> Certificate of Insurance	
<input type="checkbox"/> Occupational License	

*For Association Use Only*

<input type="checkbox"/> Approved by Association	Notes:
<input type="checkbox"/> Insufficient Information – Resubmit	
<input type="checkbox"/> Not Approved	
Association Agent: _____	
Date: _____	

Return form and supporting documentation to **TMG Management**  
PO Box 802, Pompano Beach, FL 33061 Phone: (954) 782-7820 Fax: (954) 782-7823