BOCA LINDA NORTH CONDOMINUM ASSOCIATION

Architectural Change Request Form

INSTRUCTIONS: Please completely fill out the form below. Failure to complete the form completely will only delay the approval process. Mail to BOCA LINDA NORTH CONDOMINIUMASSOCIATION C/o ELITE PROPERTY, 1515 N. FEDERAL HWY SUITE 300, BOCA RATON, FL 33432 ♦ E-mail: fabiola@elitepropmgt.com

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SECTION ONE

Property Owner/ Applicant_____

Property Address_____

Telephone: Home _____Office: _____

FAX: _____ E-mail: _____

SECTION TWO – TYPE OF CHANGE SOUGHT

_____ A/C ___Cabinets ___Other ____Painting _____Structural _____Windows

DESCRIPTION OF CHANGE SOUGHT (please describe in detail)

SECTION THREE:

APPLICATION FOR ARCHITECTURAL CHANGE:

1. Signed and dated application

2. Provide before pictures of cabinets/flooring/windows/screens, etc., prior to replacement is required with form. Include a sample of padding that will be used if applicable.

3. Name & address of Contractor; copy of contractors license, copy of contract, contractor's liability workmen's compensation insurance naming Boca Linda North Condominium Association as co-insured, C/o ELITE PROPERTY MANAGEMENT , 1515 N. FEDERAL HWY SUITE 300 BOCA RATON, FL 33432, also, required for painting unit.

NOTE: A copy of the permit, if required and a copy of the City or County final inspection approval must be supplied when work is complete or approval may be revoked (if applicable).

ALL WINDOW REPLACEMENTS SHALL BE WHITE AND SHALL MATCH EXISTING WINDOWS, NO EXCEPTIONS

SECTION FOUR – Acknowledgment of Applicant

I/We hereby make application for the above-described architectural change. I/We understand that application does not guarantee approval and that any approval must be received in writing from the Board of Directors prior to making the alterations sought in the application. I/We acknowledge that we have read, understand, and will abide by the Boca Linda North Condominium Association Declaration of Covenants and Restrictions. I/We understand that my/our application may be delayed if insufficient information is included in my/our request. I/We further understand that I/we may not deviate from the plans submitted to the Association and that any such variation or deviation would require me/store- submit the application.

I/We understand that architectural change approval is based upon the aesthetics of the proposed change and does not certify the construction

worthiness or structural integrity of the proposed change. I/We further understand that I/We must follow all local building codes and setback requirements and that any required State/County/City permit(s) and utility company clearances (landscape/construction etc.) are my/our responsibility. I/We hereby agree that as a condition precedent to granting approval to any request for change, alteration, or addition to an existing structure, dwelling and/or lot, applicant, heirs and assigns thereto, assume full responsibility for the costs, liability, repair, upkeep, maintenance and/or replacement of any such change, alteration or addition. It is understood and agreed that the Boca Linda North Condominium Association and Elite Property Management LLC., are not responsible for any damages or action that may result from the approval of this request.

_____Date:_____

Signature of Applicant(s)

_____Date:_____

Signature of Applicant(s)

Once you have completed all the above and attached the items listed in SECTION THREE, please send to: Boca Linda North Condominium Association c/o Elite Property Management, at the address at the beginning of this form.

Approved: _____Approved With Conditions*:_____ Disapproved:*_____

Signature of BOD ACC designee:_____

Date: _____

*Comments / Conditions ----------

ALL DEBRIS MUST BE REMOVED OFF PROPERTY AT OWNERS EXPENSE.

Signature of BOD President_____ Date: _____

PLEASE NOTE THAT APPROVALS, ONCE RECEIVED IN WRITING FROM THE ASSOCIATION, AREVALID FOR NO LONGER THAN SIX (6) MONTHS FROM THE DATE APPROVED.