

ARCHITECTURAL REVIEW COMMITTEE APPLICATION

HOMEOWNER INFORMATION

Homeowner's Name _____

Property Address _____

Day Phone Number _____ Evening Phone Number _____

ARCHITECTURAL REQUEST

Approval by the Architectural Control Committee for the following modification, alteration, or addition to my property is described below or attached to this form. (Attach survey with appropriate drawings).

Project Commencement Date _____ Project Completion Date _____

STATEMENT OF UNDERSTANDING

I understand that approval of my request is at the discretion of the Architectural Review Committee and is subject to the following terms:

1. Homeowner and/or contractor is responsible for obtaining all permits.
2. Homeowner and/or contractor is responsible for submitting copies of professional licenses, and all permits and certificates of insurance for contractor's liability and workman's compensation. Insurance certificates shall name the Association as additional insured.
3. Homeowner and/or contractor is responsible for any damage to common property or other personal property.
4. A security deposit of \$_____ is required.
5. Any other terms deemed necessary by the Architectural Review Committee.

Homeowner's Signature _____ Date _____

ARCHITECTURAL REVIEW COMMITTEE

Date Application Received _____ Date Application Reviewed _____

Approved _____ ARC Representative Signature _____

Additional Terms _____

Disapproved _____ Disapproval Explanation _____

Please return form to
Green Cay Owners' Association Architectural Review Committee
c/o CASTLE MANAGEMENT, INC.
12575 Green Cay Farms Blvd.
Boynton Beach, Florida 33437