

# WOODSIDE HOMEOWNERS ASSOCIATION, INC.

C/o Integrity Property Mgmt.  
5665 Coral Ridge Drive  
Coral Springs, FL 33076  
954-346-0677 office / 954-340-8844 fax

## REQUEST FOR REVIEW OF ARCHITECTURAL MODIFICATION

Homeowner's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Approval is hereby requested to make the following modification(s), alteration(s) or addition(s) as described and depicted below or on additional pages as necessary. Please include such detail as the dimension, materials, color, design, location and other pertinent data. All documentation necessary to obtain a city building permit must be submitted with this form.

**\*\*\*NOTE: NO WORK CAN BEGIN UNTIL WOODSIDE HOMEOWNERS ASSOCIATION HAS APPROVED YOUR REQUEST.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand and will comply to:

1. That if the modification is not completed as approved, said approval can be revoked and modification will be required to be removed by the owner at the owner's expense.
2. That I am responsible to pay for and repair any and all damage done to the common areas as a result of an installation.
3. To comply with the state, county and/or city building codes and to obtain all necessary permits if applicable, and provide copies of such permits.
4. To provide copies of certificate of liability insurance, workman's compensation insurance and state license for contractor(s) employed.
5. To abide by the decision of the Architectural Review Committee or the Board of Directors.
6. That if the modification is not approved or does not comply, I/we may be subject to court action by the Association and that I/we shall be responsible for all reasonable attorney's fees.

Homeowner signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved [ ]      Disapproved [ ]

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: Integrity Property Management 5665 Coral Ridge Drive, Coral Springs, FL 33076

## **PROCEDURE FOR ARCHITECTURAL REQUESTS**

- 1) ALL ARCHITECTURAL MODIFICATION REQUESTS MUST BE WRITTEN ON THE ASSOCIATION'S ARC FORM AND SUBMITTED BY THE HOMEOWNER TO INTEGRITY PROPERTY MANAGEMENT IN PERSON, VIA US MAIL OR BY EMAIL.
- 2) A BRIEF DESCRIPTION OF THE WORK BEING DONE MUST BE WRITTEN ON THE ARC FORM. DETAILED INFORMATION CAN BE ON ADDITIONAL PAGES IF NECESSARY. WHEN SUBMITTING A REQUEST FOR FENCES, POOLS, WALLS AND ROOM ADDITIONS ETC. A PROPERTY SURVEY IS REQUIRED.
- 3) A COPY OF THE CONTRACTOR'S LICENSE AND LIABILITY INSURANCE; AS WELL AS WORKMAN'S COMPENSATION INSURANCE MUST BE INCLUDED WITH THE REQUEST (IN MOST CASES, AN EXEMPTION FROM WORKMAN'S COMPENSATION IS NOT SUFFICIENT).
- 4) A SECURITY DEPOSIT IS REQUIRED IN SOME COMMUNITIES, PLEASE INQUIRE WHEN SUBMITTING YOUR REQUEST.
- 5) UPDATES ON REQUESTS WILL **ONLY BE GIVEN TO THE HOMEOWNER**, PLEASE DO NOT ASK YOUR CONTRACTOR TO CALL OR SEND EMAILS FOR UPDATES AS WE WILL NOT GIVE OUT ANY INFORMATION TO THE CONTRACTORS.
- 6) INCOMPLETE REQUESTS WILL BE RETURNED TO THE HOMEOWNER BY US MAIL.

**NOTE:** Please allow 30 days for your request to be reviewed.

Thank you,  
Integrity Property Management, Inc.