

# Indian Key at Coral Bay Village Association, Inc.

## Request for Review for Architectural Modifications

Owner's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Lot: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Approval is hereby requested to make the following modification(s), alteration(s), or addition(s) as described and depicted below, or on additional attached pages as necessary.

Include details such as the dimensions, materials, color, design, location, or any other pertinent information.

I understand and agree to comply with the instructions on the page 2 of this form:

\_\_\_\_\_  
*Date of Request*

\_\_\_\_\_  
*Signature of Homeowner*

*(Homeowners do NOT write in this area)*

Date Received: \_\_\_\_\_

Property Manager: \_\_\_\_\_

Request APPROVED

Request DISAPPROVED

(Visited Site)

(Visited Site)

(Visited Site)

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

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

APPROVAL SUBJECT TO:

# Indian Key at Coral Bay Village Association, Inc.

## Request for Review for Architectural Modifications

### Instructions

Owner's Name: \_\_\_\_\_ Lot: \_\_\_\_\_

Date of Request: \_\_\_\_\_

I/we understand that:

1. If the modification is not completed as approved, said approval can be revoked and the modification will be required to be removed by the owner at the owner's expense.
2. I/we am responsible to pay for and repair any and all damage done to the common areas as a result of the installation.
3. I/we must comply with all applicable the state, county, or city building codes and that I/we must obtain all necessary permits and approvals at my expense.
4. I/we must by the decision of the Architectural Review Committee or the Board of Directors.
5. 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 fee.
6. If while considering this application, the Association incurs any professional consultation expenses, such as conferring with a licensed architect, I/we will be responsible for said fee. The homeowner will be notified in advance if such services are required.
7. I/we understand the review process may take as long as 30 days from when the form is received by the property manager before results are determined.
8. I/we must fill out, sign, and return ***both*** pages of this form to:

**Indian Key at Coral Bay Village Association, Inc.**  
**c/o Benchmark Property Management Inc**  
**7932 wiles Rd**  
**Coral Springs, FL 33067**

**Phone: 954-344-5353**

**Fax: 954-344-5399**

\_\_\_\_\_  
*Signature of Homeowner*