**Brock Property Management, Inc.**

**12444 W. Atlantic Blvd., Coral Springs, FL 33071 Phone: (954) 753-2675 Fax: (954) 340-8541**

**Email:** **Brock@BrockPM.com**

**ARCHITECTURAL MODIFICATION FORM (AMF)**

Property Owner(s) Date Home Phone Cell Email Property Address Legal Description Community Name Lot #

### Write a brief description of modification, project, or improvement below. Include paint color, pavers color, shutter color, etc.

**Anticipated Starting Date: Completion Date:**

**Required Documents:** *\*\*****PLEASE CHECK FIRST w****ith Brock Management on* ***what documents below*** *are required for your particular modification.*

### A recent survey of the subject property wherein the exact location of the proposed improvement has been delineated on the survey (to-scale).

1. **One (1) full set of plans and specifications.**
2. **Proof of ownership (copy of Warranty Deed).**
3. **A color photo or sample of the material you will use (window/door, paint scheme, fence material/color, roof tiles, etc.)**
4. **Copy of contractor’s license**
5. **Copy of contractor’s insurance (liability and workman’s comp) certificate listing the association as an additional insured. It should read on the certificate:**

**Association Name**

**c/o Brock Property Management, Inc. PO Box 770850, Coral Springs, FL 33077**

**PLEASE NOTE:** THESE ITEMS WILL NOT BE RETURNED. NO CHANGES MAY BE MADE IN PLANS AFTER APPROVAL WITHOUT THE WRITTEN CONSENT OF THE ASSOCIATION.

### CONDITIONS:

* 1. You are responsible for any and all damage to underground utilities, including sewer, water, cable, electric & phone.
	2. You must remove all debris (concrete, fill, etc.) from around your home and re-sod any areas that are modified or destroyed.
	3. You are responsible for any damage that may be caused to the sidewalks or roadways from heavy equipment.
	4. Subject to the Board’s final inspection and approval after construction is completed.
	5. You are responsible to maintain the alteration.

**PLEASE NOTE: OTHER CONDITIONS MAY BE APPLICABLE. THESE CONDITIONS WILL BE DETERMINED AND STIPULATED ON AN INDIVIDUAL BASIS. APPROVAL ONLY GOOD FOR NINETY (90) DAYS FROM THE APPROVAL DATE.**

### ACKNOWLEDGEMENT

I, , (**homeowner name**) residing at (**address),** hereby make application for approval, pursuant to the regulations of my neighborhood association, for the architectural changes above noted and if said approval is granted, I agree to comply with the conditions stipulated herein and to the appropriate building department to obtain all permits required. I further understand that I may be prosecuted by the Association should I fail to comply with its Covenants and Restrictions.

### SIGNATURE OF OWNER: DATE:

**HOMEOWNER/CONDOMINIMUM ASSOCIATION ONLY: BOARD RESPONSE**

**APPROVED:**

***DENIED***

## *DATE:*

DATE: SIGNOFF BY: SIGNOFF BY: SIGNOFF BY:

## *REASON: SIGNED BY: SIGNED BY: SIGNED BY:*