

REQUEST FOR ARCHITECTURAL CHANGE

COASTAL BAY CONDOMINIUM ASSOCIATION, INC.

C/O Phoenix Management Services, Inc.

6131 -B Lake Worth Road

Greenacres, FL 33463

TEL# 561-964-1550

FAX# 561-964-8731

DATE OF REQUEST: _____

OWNER NAME: _____

OWNER ADDRESS: _____

LOT / BLOCK NUMBER _____

CONTACT PHONE NUMBER: _____

CONTACT EMAIL ADDRESS: _____

I request permission to make the following change(s) to my home: _____

Please Note: An architect's drawing and/or diagram, listing the specifications and colors to be used (including material and dimensions) MUST accompany this request in order to be considered by the Architectural Review Committee. Surveys are mandatory for additions and Owner is responsible for any required building permits. Unit owner is responsible for all damage to common area property. ALL CONTRACTORS MUST HAVE A VALID PALM BEACH COUNTY CONTRACTOR'S LICENSE. A copy of Contractor's Insurance with the HOA named in the Certificate from Issuer is required.

CONTRACTOR: _____ LICENSE # _____

CONTRACTOR'S ADDRESS: _____

CONTRACTOR'S TELEPHONE NUMBER: _____

OWNER SIGNATURE: _____

OWNER SIGNATURE: _____

NO WORK IS TO BEGIN UNLESS THE OWNER HAS RECEIVED WRITTEN PERMISSION TO PROCEED WITH THE REQUESTED CHANGE FROM THE ARCHITECTURAL REVIEW COMMITTEE THROUGH THE MANAGEMENT COMPANY (PHOENIX MANAGEMENT, INC.).

ARCHITECTURAL REVIEW COMMITTEE

(FOR COMMITTEE USE ONLY)

Owner Name: _____ Address: _____

___ THE ABOVE REQUEST HAS BEEN APPROVED.

___ THE ABOVE REQUEST HAS BEEN APPROVED WITH THE FOLLOWING CONDITIONS:

___ THE ABOVE REQUEST HAS BEEN DENIED FOR THE FOLLOWING REASON:

SIGNATURE OF COMMITTEE MEMBER: _____ DATE: _____