

PINE RIDGE ASSOCIATION, INC.
ARCHITECTURAL REVIEW BOARD APPLICATION

HOMEOWNER INFORMATION

Homeowner's Name _____
Property Address _____
Home Phone # _____
Cell Phone # _____

ARCHITECTURAL REQUEST

Approval by the Architectural Control Board for the following modification, alteration, or addition to my property is described below or attached to the form.

Project Commencement Date _____ Project Completion Date _____

STATEMENT OF UNDERSTANDING

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

1. Homeowner and/or contractor is responsible for obtaining all permits.
2. Homeowner is responsible for obtaining city and/or county approval if required prior to commencement of work.
3. Homeowner and/or contractor is responsible for any damage to common property.
4. Any other terms deemed necessary by the Architectural Review Board.

Homeowner's Signature

Date

ARCHITECTURAL REVIEW BOARD

Date Application Received _____ Date Application Reviewed _____

Approved _____ ARB Representative Signature _____

Additional Terms _____

Disapproved _____ Disapproval Explanation _____

Please return form to
Pine Ridge Association, Inc.
c/o Goldman, Juda & Eskew, P.A.
8211 W. Broward Blvd., Suite PH-1
Plantation, FL 33324
phone (954-577-9700) - fax (954-475-1897)

Attention: Rosanne
rdounn@gjecpa.com