



Caribbean Property Management, Inc.

Professional Community Association Management

12301 S.W. 132 Court • Miami, Florida, 33186

Phone: (305) 251-3848 • Fax: (305) 251-3849

Page 1 of 2

Request for Architectural Modification

Any homeowner wishing to make an addition/alteration to the outside of a parcel **must** complete and return both pages.

- ❖ **WORK MAY NOT COMMENCE UNTIL THIS FORM HAS BEEN APPROVED IN ACCORDANCE WITH THE ASSOCIATION DOCUMENTS.**
- ❖ All improvements must be completed within three (3) months of approval date.
- ❖ A copy of all Miami-Dade County permits is to be provided for association files.
- ❖ Color pictures of requested change **MUST** be submitted with detail plans.
- ❖ Contractor license and insurance **MUST** be submitted with each request.

Name of Owner: _____

Association Name: _____ Property Address: _____

Contact Phone #: _____ Email: _____

Approval is hereby requested for the following modification(s), and/or modifications as described below and/or on attached pages. Please indicate below what type of changes or alterations you wish to make. **Be specific**, indicating what type of material, color, shape, style, dimension, etc. In order to process this request, the following must be attached:

1. A photograph of your house where proposed changes will take place.
2. A color picture(s) of requested change **MUST** be submitted with detail plans.
3. A copy of the site survey with proposed modifications drawn on the survey showing both plain view and elevated view & specifications of the modification.
4. Contractor license and insurance **MUST** be submitted with each request.

For doors, windows, hurricane panels and shutters a copy of the Miami-Dade County Product Control Approval or Notice of Acceptance is needed.

- ↓ ——— Select all that apply (☒): ——— ↓
- | | |
|---|--|
| <input type="checkbox"/> Addition | <input type="checkbox"/> Patio |
| <input type="checkbox"/> Impact Doors | <input type="checkbox"/> Play Structure |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Outdoor Lighting | <input type="checkbox"/> Roof: Identical |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Roof: Repairs |
| <input type="checkbox"/> Awning | <input type="checkbox"/> Screen: Identical |
| <input type="checkbox"/> Gutters | <input type="checkbox"/> New Screening/Enclosure |
| <input type="checkbox"/> Exterior Paint | <input type="checkbox"/> Solar Collectors |
| <input type="checkbox"/> Garage Door | <input type="checkbox"/> Impact Windows |
| <input type="checkbox"/> Hurricane Shutters | <input type="checkbox"/> Wood Fence |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Metal Fence |
| <input type="checkbox"/> Other: _____ | |

——— Check One ———

Is this a re-submittal?

☐ Yes ☐ No

——— Check One ———

Is this in response to a violation?

☐ Yes ☐ No

Name of Contractor: _____

Contractor: US Mailing Address: _____

Contractor Email Address: _____

Contractor's Cell Number: _____

Contractor's Office Phone Number: _____

Time for Completion of Improvement: _____

Anticipated Date of Commencement: _____

Contractor's Signature: _____



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All changes and alterations shall be subject to all applicable permit requirements and to all applicable governmental laws, statutes, rules, regulation orders, and decrees. Neither the Board of Directors, nor any member thereof, shall be liable of the association, any homeowner, or any other person or entity for any loss, damage, or injury arising out of, or in any way connected with, the performance or non-performance of the board duties hereunder, unless due to the willful misconduct of bad faith of a member, and only that member shall have any liability. The board shall review and approve or disapprove all plans submitted to it for any proposed improvements, alterations or addition solely on the basis of aesthetic consideration and the overall benefit or detriment, which would result to the immediate vicinity and to the community.

| Association Approval: | Association/Neighborhood Name: | President or Authorized Rep.'s Signature: |
|--|--------------------------------|--|
| <input type="checkbox"/> Approved | | Signed: _____ Name: _____ Title: _____ Date Approved: _____ |
| <input type="checkbox"/> Denied | | Signed: _____ Name: _____ Title: _____ Date Denied: _____ |

FOR OFFICE USE ONLY

Date Application Received: _____

Received by: _____

Your approval is subject to the following:

1. You are responsible for obtaining any necessary permits from the appropriate building and zoning department(s).
2. Access to areas of construction is only to be allowed through your property. You are responsible for any damages done to the common area during construction

Explanation of Conditions and/or Denial: