

Loyalty Property Management Services, Inc.

175 Fontainebleau Blvd Suite 2-M5 Miami, Fl. 33172

Email: Fgarcia@lpmservices.info Phone: (305)908-5644 Fax (305)-677-5014

THE ALHAMBRA AT CORAL LAKES HOMEOWNERS ASSOCIATION, INC

REQUEST FOR REVIEW FOR ARCHITECTURAL MODIFICATION

THIS FORM TO BE USED WHEN REQUESTING A CHANGE
INSIDE/OUTSIDE OF YOUR HOME

Owner's Name: _____
Block _____ Lot _____ Address: _____
Day Phone: _____ Evening Phone: _____
Cell Phone: _____ E-Mail _____

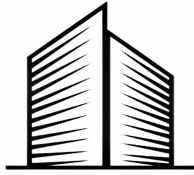
**IN ORDER TO PROCESS THIS APPLICATION, THE FOLLOWING MUST BE ATTACHED
(DEPENDING ON THE WORK BEING PRFORMED):**

1. Sketch of Boundary Survey with proposed modifications drawn on the survey.
2. The appropriate drawings showing both a Plan View and an Elevation.
3. Specifications of the proposed modifications (example: color, style, etc.)
4. License and Insurance of Contractor.
5. When changing out the AC unit, City permit is required.

Approval is hereby requested to make the following modifications(s), alterations, or additions(s) as described below and on the additional attached pages:

Date: _____ Signature of Owner: _____

- ☐ Addition (*permit required*)
- ☐ New Patio Enclosure (*permit required*)
- ☐ Impact Doors/Windows (*permit required*)
- ☐ New Screening Enclosure (*permit required*)
- ☐ Standard Doors/Windows (*permit required*)
- ☐ New Roof: Metal (choose approved color) (*permit required*)
- ☐ New Roof: Barrel Tiles -Identical (*permit required*)
- ☐ Driveway (choose approved color) (*permit required*)
- ☐ Awning (choose approved color)
- ☐ Solar Collectors
- ☐ Gutters
- ☐ Fence - Aluminum (White)
- ☐ Exterior Paint (choose approved color)
- ☐ Fence – Wood (painted white)
- ☐ Garage Door
- ☐ Outdoor Lighting
- ☐ Hurricane Shutters
- ☐ Landscaping
- ☐ Other: _____



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

Name of Contractor: _____

Contractor Mailing Address: _____

Contractor Email Address: _____

Contractor Office No. _____ **Cell No.** _____

Time for Completion of Improvement: _____

FOR BOARD OF DIRECTORS USE ONLY

Date: Application Received _____ Approved or Disapproval _____

Approved _____ Disapproved _____

(Board of Director Signature)

Your approval is subject to the following:

- 1) You are responsible for obtaining any necessary permits from the appropriate Building and Zoning Departments(s).
- 2) Access to areas of construction are only to be allowed through your property, and you are responsible for any and all damage done to the common elements during construction. (Including the roads and gates by contractor or third parties involved with the construction).

PLEASE BE AWARE THAT THIS PROCESS OFTEN TAKES UP TO 30 WORKING DAYS

Explanation of Disapproval:
