

CAROLINA MAINTENANCE ASSOCIATION

This application must be submitted to your Sub-Association first, and then to the Master at the address below

**CAROLINA MAINTENANCE ASSOCIATION
C/O INTEGRITY PROPERTY MANAGEMENT, INC.
5665 Coral Ridge Drive
Coral Springs, Florida 33076
(954) 346-0677 Office / (954) 340-8844 Fax**

ARCHITECTURAL MODIFICATION REQUEST

DATE RECEIVED: COMMUNITY ASSOCIATION: _____ MASTER ASSOCIATION: _____

OWNER'S NAME: _____

UNIT ADDRESS: _____

NEIGHBORHOOD ASSOCIATION _____ UNIT NUMBER: _____ LOT NUMBER: _____

DAY TELEPHONE: _____ EVENING TELEPHONE: _____



Approval is hereby requested to make the following modification(s), alteration(s), or addition(s) as described and depicted below, or on additional attached pages as necessary. (Please include such details as the dimensions, materials, color, design, location and other pertinent data in the space provided) **NOTE: "SEE ATTACHED" IS NOT A SUFFICIENT DESCRIPTION. FAILURE TO COMPLETE THIS SECTION MAY RESULT IN YOUR FORM BEING RETURNED**

NOTE: A SURVEY MUST BE ATTACHED FOR ALL FENCES, SCREEN ENCLOSURES, LANDSCAPING, AND HOUSE ADDITIONS, ETC.

Date of Request

Signature of Unit Owner



COMMUNITY ASSOCIATION APPROVAL: _____
(Name of Community Association)

DATE APPROVED: _____ DATE DISAPPROVED: _____

BY: _____
(Community Association Board Member)

COMMENTS: _____



DATE APPROVED: _____ DATE DISAPPROVED: _____

BY: _____
CAROLINA MAINTENANCE ASSOCIATION BOARD OF DIRECTORS

COMMENTS: _____