

KNIGHTSBRIDGE VILLAGE HOA

c/o Integrity Property Management

5665 Coral Ridge Drive

Coral Springs, FL 33076

954-346-0677

REQUEST FOR REVIEW OF ARCHITECTURAL MODIFICATION

Owner's Name _____

Street Address _____

Day Phone # () _____ Evening Phone # () _____

Email _____

Approval is hereby requested to make the following modification(s), alteration(s), or addition(s) as described and depicted below or on additional pages as necessary. Please include such details as the dimensions, materials, color sample, tile sample, design, location, and other pertinent data.

I understand and agree that:

1. If the modification is not completed as approved, said approval can be revoked and the modification will be required to be removed by the owner at the owner's expense.
2. I am responsible to pay for and repair any and all damage done to the common areas as a result of an installation.
3. Modifications must comply with State, County, or City building codes and all necessary permits will be obtained.
4. I will abide by the decision of the Board of Directors.
5. If the modification is not approved or does not comply, I / we may be subject to court action by the Association and that I / we shall be responsible for all reasonable attorney fees.

Date of Request

Signature of Homeowner

Board Member Signature

() Approved - Date _____

() Denied - Date _____