



ARCHITECTURAL REVIEW COMMITTEE

From: (Owner's Name) _____ Lot # _____
Address: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

Approval is hereby requested to make the following modification(s), as described below, **or on additional pages** as necessary. Please include all color, design and location information as well as a drawing/survey that has been blown up to show proposed structure with dimensions.

I am agreeing to comply with each of the following by initialing in front of each line item:

_____ 1. That if the modification is not completed as approved, said approval can be revoked and the modification(s) will be required to be removed at the owner's expense.

_____ 2. To comply with all state, county and city building codes to obtain necessary permits if applicable.

_____ 3. That I am responsible to pay for any repair and all damage(s) done to the common areas as a result of the installation. **(Please call 811 before any digging/excavating in common areas.)**

_____ 4. If the Association incurs an expense while considering the application with an outside professional (i.e., a licensed Architect) the applicant will be responsible for said fee within 30 days notification.

Owner's Signature _____ Date _____ Date work will begin: _____
Date work will finish: _____

Submit/mail completed form(s) to: Gateway Gardens HOA office
4777 Gateway Gardens Dr., Boynton Beach, FL 33436.
Email: gatewaygardenshoa@gmail.com; **Phone:** (561) 364-4118
HOA website www.gatewaygardenshoa.com

****** Please allow up to 30 days from submittal for approval ******

Date Received: _____
Approved by _____ Date _____ Not Approved by _____ Date _____

Comments: _____
