

PLEASE MAIL (DO NOT FAX) THE COMPLETED FORM TO:

SAIL HARBOUR HOMEOWNERS ASSOCIATION, INC.  
c/o Kings Management Services, Inc.  
P.O. Box 32248 Palm Beach Gardens, FL 33420  
Ph (561) 627-0480

ARCHITECTURAL REVIEW COMMITTEE  
REQUEST FOR MODIFICATION

Date Received \_\_\_\_\_

THIS FROM MUST BE USED WHEN REQUESTING A CHANGE TO THE OUTSIDE OF YOUR UNIT

Owners Name (s) \_\_\_\_\_

Unit Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

**NOTE:** Please include such details as the dimensions, materials, color, design, location and other pertinent data in the space provided. Failure to complete the center section will result in your Form being returned. Use additional paper if needed to complete description. The LOT SURVEY must be attached for ALL Fence, Screen or Patio Enclosure, Satellite Dishes, Shutters and Landscaping changes. Include a copy of Contractors' License and Insurance, Permits and other materials as deemed applicable. If Owner is doing the work, please indicate.

Description of requested architectural modification: (Type or print clearly)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approval is hereby requested to make the modification(s) as described above, with detailed specifications. I hereby accept responsibility for complying with all applicable County Ordinances and Building Codes.

Date of Request: \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Owner

OWNER ASSUMES FULL RESPONSIBILITY FOR OBTAINING ALL APPLICABLE PERMITS.  
APPROVALS EXPIRE AFTER 180 DAYS FROM DATE OF APPROVAL. IF MODIFICATION IS NOT COMPLETED  
180 DAYS AFTER APPROVAL, A NEW ARCHITECTURAL REQUEST MUST BE SUBMITTED.

SAIL HARBOUR HOMEOWNERS ASSOCIATION USE ONLY

Date Approved: \_\_\_\_\_

Date Disapproved: \_\_\_\_\_

By: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_