

# The ENCLAVE at Jacaranda Lakes HOA

PO BOX 15223, Plantation, FL 33318

[TheEnclaveBoard@gmail.com](mailto:TheEnclaveBoard@gmail.com)

## ARCHITECTURAL MODIFICATION REQUEST FORM

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

LOT# \_\_\_\_\_ Property Address \_\_\_\_\_

Property Owner \_\_\_\_\_

Contact Telephone \_\_\_\_\_

eMail address \_\_\_\_\_

The property owner hereby makes this application to the Architectural Review Committee to make the following changes or additions to the residence:

Please attach a detailed description of your planned modifications along with applicable drawings, surveys, material specifications as well as color samples.

I agree:

1. That if the modifications are not completed as approved, said approval can be revoked, and the modifications removed by the owner.
2. That I am responsible to pay and repair any and all damage done to the common areas as a result of the installation.
3. To abide by the decision of the Architectural Committee or the Board of Directors
4. To obtain all the necessary permits, if applicable.

I have read, understand and agree to all of the above.

\_\_\_\_\_  
Signature of the Property Owner

Roofs shall be pre-colored concrete tile.  
All roof stacks, flashings and metal chimney caps shall be painted to match the approved roof colors.

APPROVED

DISAPPROVED

\_\_\_\_\_  
Signature of Committee Chairperson

\_\_\_\_\_  
Date