

# REQUEST FOR ARCHITECTURAL MODIFICATION

**TO:** Board of Directors and/or Architectural Control Committee of  
**SPRING VALLEY PROPERTY OWNERS ASSOCIATION, INC.**  
 c/o Miami Management, Inc.  
 1145 Sawgrass Corporate Parkway  
 Sunrise, Florida 33323

Sub-Association:		Account Number:	
Name of Owner (s):			
Street Address:		Signature:	
Date:	Day Phone:	Evening Phone:	

Approval is hereby requested to make the following modification (s), alterations, and/or additions as described below:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Addition                       | <input type="checkbox"/> Landscaping             | <input type="checkbox"/> Wall/Fence    |
| <input type="checkbox"/> Doors Identical/New            | <input type="checkbox"/> Patio                   | <input type="checkbox"/> Concrete Slab |
| <input type="checkbox"/> Pavers                         | <input type="checkbox"/> Jacuzzi                 | <input type="checkbox"/> Awning        |
| <input type="checkbox"/> Driveway Painting              | <input type="checkbox"/> Mailbox Replacement     | <input type="checkbox"/> Light Fixture |
| <input type="checkbox"/> Exterior Paint Identical Color | <input type="checkbox"/> Satellite Dish 18"      | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Hurricane Shutters             | <input type="checkbox"/> Screening Enclosure New |  |

Description of Request: \_\_\_\_\_

In order to process this application the following applicable information/documents must be provided:

- Color photographs of the proposed changes.
- Lot Survey with proposed modifications drawn on survey, including any set back distance required.
- The appropriate drawings must show both a Plan View and an Elevation.
- Specifications of the proposed materials/modifications must be included: i.e. (Color, Style, Type of Material).
- Proposed Improvement Contract/Proposal/Building & Zoning Permit Attached.
- Drainage Surface Water Plan Attached.
- Consent Letter from Neighbors for structural changes.
- All repairs to the common areas must be completed within 45 days of approval.

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 (FOR SUB-ASSOCIATION COMMITTEE USE ONLY)

Date Application Received: \_\_\_\_\_ Date of Approval/Disapproval: \_\_\_\_\_

- |                                      |                            |
|--------------------------------------|----------------------------|
| <input type="checkbox"/> Approved    | _____                      |
| <input type="checkbox"/> Disapproved | Committee Member Signature |

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 (FOR POA ASSOCIATION COMMITTEE USE ONLY)

Date Application Received: \_\_\_\_\_ Date of Approval/Disapproval: \_\_\_\_\_

- |                                      |                            |
|--------------------------------------|----------------------------|
| <input type="checkbox"/> Approved    | _____                      |
| <input type="checkbox"/> Disapproved | Committee Member Signature |
- \*\*\*\*\*

