



Villas of West Miami Condominium Association, Inc.
c/o South Florida Property Management Group Inc.
5600 SW 135 Avenue , Suite 108
Miami Fl, 33183
Office: 786 409-4771 Fax: 786 580-5128
Mainoffice@soflmanagement.com

Address:

Daytime Phone #: _____

Evening Phone #: _____

Architectural Modification Form

Approval is hereby requested to make the following modification(s), alteration(s) or addition(s) as described and depicted below or an additional attached pages as necessary.

****Please include such details as dimensions, materials, color, design, location and other pertinent data. Also, include letters or signatures from your neighbors acknowledging such modification.**

Payment of \$50.00 for standard processing fee must be included with this form. If you fail to obtain Approval prior to Architectural Modification work the processing fee is \$100.00 and you may be subject to fines.

I understand and will comply to:

1. That if the modification is not complete as approved, said approval can be revoked and the modification will be require to be removed by the Owner at the Owner's expense.
2. That I am responsible to pay for and repair any and all damage(s) done to the common areas as a result of the installation mentioned above.
3. To comply with the State, County or City Building code, and to obtain all necessary permits if applicable. (Must show proof to Association)
4. To abide by the decision of the Board of Directors (Architectural Committee).
5. That if the modification is not approved or does not comply I may be subject to court action by the Association and that I shall be responsible for all reasonable attorney's fee.

_____ Date of Request	_____ Signature of Unit Owner
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Date Received: _____
() Approved () Disapproved

Date notified: _____

By: _____

Date: ____/____/____

Comments:

__As per the association by-law the owner must have permit and company must be insured
