

DELRAY VILLAS PLAT 1 HOA
CARL MALYSZ, ARCHITECTURAL COMMITTEE CHAIRPERSON
P.O. BOX 7228
DELRAY BEACH, FL 33482

APPLICATION FOR ARCHITECTURAL IMPROVEMENT

HOMEOWNER'S NAME: _____ DATE: _____

UNIT ADDRESS: _____ PHONE: _____

DETAILED NATURE OF IMPROVEMENT: (IF NECESSARY, ATTACH SCHECH, OTHER MATERIALS, ETC.)

IF NEW PAINT: COLOR: _____ ENTIRE, FRONT, OR REAR _____

LICENSED CONTRACTOR: YES _____ NO _____ NUMBER: _____

IMPORTANT NOTE:

THE HOMEOWNER ASSUMES ALL RISK OF DAMAGE AND/OR INJURY TO HIMSELF OR OTHERSON THIS PROPERTY FOR ANY LOSS SUSTAINED BY REASON OF THE CONSTRUCTION OR THE IMPROVEMENT REQUESTED IN THIS APPLICATION AND AGREES TO INDEMNIFY AND HOLD HARMLESS THE BOARD OF DIRECTORS AND ASSOCIATION FOR ANY LOSSES SUSTAINED BY VIRTUE OF THEIR APPROVAL OF THIS RQUEST. THE HOMEOWNER FURTHER AGREES TO APPLY FOR AND OBTAIN ANY AND ALL NECESSARY COUNTY BUILDING PERMITS BEFORE COMMENCING CONSTRUCTION. THE OWNER IS RESPONSIBLE FOR MOVING AND REPLACING ANY SPRINKLER HEADS AND ALL SPRINKLER WATER LINES AROUND ANY CONCRETE PAD AT THEIR OWN EXPENSE.

OWNER'S SIGNATURE: _____ DATE: _____

RETURN THIS APPLICATION AND ANY BACKUP MATERIAL TO THE ARCHITECTURAL COMMITTEE.

CHAIRPERSON SIGNATURE _____ CONTACT #: 502-939-3577

DATE APPLICATION RECEIVED: _____ DATE APPROVED _____

DATE OF DENIAL: _____ REASON FOR DENIAL _____

THIS APPLICATION APPROVAL EXPIRES IN 90 DAYS. MUST REPEAT FOR APPROVAL. DO NOT MAKE ANY CONTRACTUAL AGREEMENTS UNTIL APPROVED.

Leah Myers - Secretary, Delray Villas Plat 1 HOA

Date