

REQUEST FOR ARCHITECTURAL CHANGE
SEMINOLE PALMS HOMEOWNERS ASSOCIATION, INC.

C/O Phoenix Management Services, Inc.
6131B Lake Worth Rd., Greenacres, FL 33463
PH: (561) 964-1550 – FAX # 561-964-8731

DATE OF REQUEST: _____

OWNER NAME: _____

OWNER ADDRESS: _____

.....
I request permission to make the following change(s) to my home: _____

Please Note: An architect's drawing and/or diagram, listing the specifications and colors to be used (including material and dimensions) MUST accompany this request in order to be considered by the Architectural Review Committee. Surveys are mandatory for additions and Owner is responsible for any required building permits.

CONTRACTOR: _____

CONTRACTOR'S ADDRESS: _____

CONTRACTOR'S TELEPHONE NUMBER: _____

OWNER SIGNATURE: _____

OWNER SIGNATURE: _____

NO WORK IS TO BEGIN UNLESS THE OWNER HAS RECEIVED **WRITTEN** PERMISSION TO PROCEED WITH THE REQUESTED CHANGE FROM THE ARCHITECTURAL REVIEW COMMITTEE THROUGH THE MANAGEMENT COMPANY (PHOENIX MANAGEMENT, INC.).

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ARCHITECTURAL REVIEW COMMITTEE

(FOR COMMITTEE USE ONLY)

Owner Name: _____ Address: _____

___ THE ABOVE REQUEST HAS BEEN APPROVED.

___ THE ABOVE REQUEST HAS BEEN APPROVED WITH THE FOLLOWING
CONDITIONS:

___ THE ABOVE REQUEST HAS BEEN DENIED FOR THE FOLLOWING REASON:

SIGNATURE OF COMMITTEE MEMBER: _____ DATE: _____

SEMINOLE PALMS
HOMEOWNERS ASSOCIATION, INC.

c/o PHOENIX MANAGEMENT SERVICES, INC
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PH: (561) 964-1550 - FAX # (561) 964-8731
We *manage* to make your life easier!

VENDOR AGREEMENT

Contractor shall not hire, or otherwise retain, any individual not employed by Contractor (including, but not limited to, any subcontractor) without the express written consent of each Association that Contractor is providing services for pursuant to this Agreement. Contractor agrees to indemnify, and hold harmless, each Association that Contractor is providing services for under this Agreement, its officers, directors, employees, advisors, and agents (the "Indemnified Entities"), from and against any and all losses, claims, damages and liabilities to which each such Indemnified Entity may become subject arising out of or in connection with the performance of services by Contractor pursuant to this Agreement.

****Liability and Workmen's Comp must be in force for the duration of the contract****

Vendor Name

Signature of Authorized Agent

Print Authorized Agent Name

Date