

REQUEST FOR ARCHITECTURAL REVIEW (ARB)

Condominium Association of Lakeside Village, Inc.

500 Lori Dr

Palm Springs, FL 33461

(561) 968-4971

Building # _____ Unit # _____

Name _____

Address _____

Phone _____ Date _____

DESCRIPTION OF ADDITION, CHANGE, AND/OR MODIFICATION

In the space below give a brief description of the addition, change, modification or other change you would like to make to your unit (*to avoid delays, be as clear as possible*):

CONDITIONS OF APPROVAL

1. All required permits from the Village of Palm Springs must be obtained and displayed by the owner prior to work beginning.
2. **COPIES OF ALL CONTRACTOR'S LICENSE AND INSURANCE MUST BE ATTACHED TO THIS APPLICATION.** All contractors must be licensed and insured when performing work on Lakeside Village property. The requirement protects Lakeside Village owners from any liability in case of accidents.
3. All Unit Owners must turn in a **\$200.00 deposit** that is refundable upon inspection of the area where the work was performed.

The undersigned acknowledges that they have read and understand this application and no work is to be started until a signed approval is received by the Board of Directors.

Applicant Signature: _____ Date: _____

Board Member Signature: _____ Date _____ Approved() Rejected()

Board Member Signature: _____ Date _____ Approved() Rejected()

Application is rejected for the following reason:

Please return this completed, signed form to the clubhouse office. Any questions please call (561) 968-4971