

## ARCHITECTURAL REVIEW COMMITTEE Request for Modification

Boca Winds Neighborhood:	
Application Number: (to be assigned by Board	)
Property Owner (Applicant):	
Property Address:	
Phone Number :(Home)	(Office)
as declared and depicted below, or on add	lowing modification(s), alteration(s), or addition(s) ditional attached pages as necessary. Please naterials, color, design, location and other
pertinent data.	
We hereby make application to the Architectitem to be approved in writing by the Architecti	tural Review Committee for the above described ural Review Committee.
or modification. We also acknowledge that	nust be granted before we begin the improvement we could be forced to have any improvement or approval. We also understand that our requesticluded in our request.
	Date
Signature of Applicant	
Signature of Applicant	Date

We understand that review by the Architectural Review Committee is for appearance only and does not imply nor avert the necessity for approval by any appropriate governmental authorities.