

VICTORIA WOODS HOMEOWNERS ASSOCIATION INC. REQUEST FOR ARCHITECTURAL REVIEW

T: (561) 508-3600 | Email: VWadmin@campbellproperty.com

1. Fill-in requested information 2. Sign form 3. Please drop off or email with the required documents attached to the following address:

Victoria Woods HOA
On-site office is locate on Berry Blossom Way, west of the pool
Email: VWadmin@campbellproperty.com

OWNER'S NAME: _____ DATE: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS (If different): _____

CELL #: _____ Email: _____

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

B. **Please Attach the following items to this application:**

___ Survey/Plot Plan showing the location of the improvement.

___ Copy of Contractor's License, Certificate of Liability and Worker's Compensation (the Insurance Certificate of Liability needs to be written with Victoria Woods HOA as the Certificate Holder as noted below):

VICTORIA WOODS HOA
c/o Campbell Property Management
9897 Lake Worth Rd., Suite 304
Lake Worth, FL 33467

___ Paint Color chip/Scheme

___ Plan, Elevations or Detailed Sketch

HOMEOWNER'S AFFIDAVIT

I have read The Covenants and Restrictions of my Community Association and agree to abide by them. I understand and, in return for approval, I agree to be responsible for the following:

- For all losses caused to others as a result of this undertaking whether caused by me or others
- To comply with all local building codes or permits requirements.
- For any encroachment (s)
- To comply with conditions of acceptance (if any).
- To complete the project according to the approved plans.

(Homeowner) Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

APPROVED by the Association

APPROVED * Subject to the following conditions: _____
Project MUST begin within _____ days.
and to be completed in _____ days.

INSUFFICIENT INFORMATION.

Resubmit on a new form. Be sure to include the following: _____

NOT APPROVED: _____

By: _____ Date: _____