

# PEMBROKE SHORES ARCHITECTURAL APPROVAL REQUEST

Questions regarding this form please contact [Lou.Brawer@fsresidential.com](mailto:Lou.Brawer@fsresidential.com) or [Adrienne.Gomes@fsresidential.com](mailto:Adrienne.Gomes@fsresidential.com)

HOMEOWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

## DESCRIPTION OF IMPROVEMENT: (circle item)

Door Replacement	Driveway Modification	Fence	House Painting	Other
Patio	Pool	Roof	Screen Enclosure	Solar Panels
Storm Shutter	Tree Removal	Window Replacement		

## Brief Description:

\_\_\_\_\_  
\_\_\_\_\_

## REQUIRED DOCUMENTS:

1. A copy of your lot survey with the exact location of the proposed improvement drawn "to scale" in a clear and legible manner.
2. A copy of your warranty deed.
3. A copy of the proposal for the improvement or change with full sets of plans and/or drawings and specifications from contractor.
4. The name, address and telephone number of the contractor.
5. If you are doing the work yourself, then include the detailed sketch or drawing of the improvement or change.
6. Letter of request providing as much information as possible regarding the exact location and description of the improvement or change and materials to be used.
7. If the improvement or any part of thereof will be located within five (5) feet of the neighboring property, the improvements relationship to that property should be shown in your sketch.
8. If you live on a corner lot and the street is on the side of your proposed improvement, please indicate this in your drawing.
9. If you are painting your home, please provide a picture of your house that shows the color of the roof as well as the color samples indicating which color is for the house and which is for the trim. Color chart available at First Service Residential and Sherman Williams located at 9965 Pines Blvd, Pembroke Pines, FL 33024 phone number 954-437-8122.
10. Please submit a separate application for each improvement.
11. Hurricane shutter applications must include a copy of the NOA (from your shutter company) and a diagram of all openings that will have shutters.
12. For pools or fences in Sandal Bay, a \$500 deposit is required. Deposit will be returned after an inspection of the irrigation system has been made and there are no repairs to system needed.

PLEASE FORWARD THIS APPROVAL FORM AND THE REQUIRED DOCUMENTS TO:

## FIRST SERVICE RESIDENTIAL

2950 28<sup>th</sup> Terrace,  
Hollywood, FL 33020

**Attn: Lou Brawer**

Or Email [Adrienne.gomes@fsresidential.com](mailto:Adrienne.gomes@fsresidential.com)

I have read the above application. If approval is granted, I agree to comply with the following conditions:

1. An Approval is only valid for sixty (60) days unless otherwise specified.
2. You must obtain any permits required from the City, County, governmental agencies, etc.
3. You are responsible for any and all damage to underground utilities, including sewer, water, cable, electric and telephone.
4. You must remove all debris (concrete, fill, etc.) from around your home and re-sod any areas that are destroyed.
5. You are responsible for any damage that may be caused to the sidewalks or roadway done by heavy equipment.
6. You may not alter the drainage of your property or your neighbor's property.
7. The final inspection and approval of the association board after construction is completed.
8. You are responsible to maintain the alteration.
9. No changes may be made in the plans after approval without the prior written consent of the association.

PLEASE NOTE; OTHER CONDITIONS MAY BE APPLICABLE. THESE CONDITIONS WILL BE DETERMINED AND STIPULATED ON AN INDIVIDUAL BASIS

**ACKNOWLEDGMENT**

I, \_\_\_\_\_, hereby make application for approval, pursuant to the regulations of my association, for the architectural change above noted and if said approval is granted, I agree to comply with the conditions stipulated herein. I further understand that I may be prosecuted by my association should I fail to comply with covenants and restrictions of the association, or if I intentionally misrepresent information on this form.

SIGNITURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**ASSOCIATION APPROVAL**

Approved By: \_\_\_\_\_ Denied By: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Approved By: \_\_\_\_\_ Denied BY: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Comments:**

---



---



---



---



---

