

Pineapple Plantation Property Owner's Association

ARCHITECTURAL CHANGE REQUEST FORM

c/o Coastal Property Management

10 SE Central Parkway, Suite 400, Stuart, FL 34994

Office: (772) 600-8900 Fax: (772) 266-9801

Name of Applicant/Homeowner

Address

Address of Applicant (if different)

Email Address

Date of Application

Telephone Number - Daytime

Telephone Number - Evenings

DESCRIPTION OF WORK TO BE DONE

Submit this form for all proposed additions, changes, modifications, etc., accompanied where appropriate by plans, color samples, drawings, specifications, etc.). **If all required information is not received with this completed application, the Association will automatically reject the application until all requested information is received. Owners assume all responsibility and cost for any addition or change, and its future upkeep.**

Description:

The undersigned acknowledges that they have read and understand this application. They also understand that until a signed approval is received, no work is to be started.

Applicant's Signature

Applicant's Signature

CONDITIONS OF APPROVAL

1. **It is the responsibility of the homeowner to obtain and display all required permits prior to work beginning. A copy of the permit must be provided to the association once issued.**
2. All Contractors must supply a copy of License and Insurance Certificate naming Pineapple Plantation POA and Coastal Property Management as additional insured to Association with this application prior to any work being performed. This requirement protects the Association and Coastal Property Management from any liability in case of accidents. If work is being performed by the owner, please indicate this.
3. Copy of contractor's proposal must be provided *(If Applicable)*.
4. Sketch / drawing of the work to be done.
5. Copy of homeowner's property survey indicating location of changes or modifications *(If Applicable)*.
6. **NO WORK MAY COMMENCE UNTIL THE ASSOCIATION PROVIDES A WRITTEN APPROVAL.**

ADDITIONAL COMMENTS
