ARCHITECTURAL CHANGE APPLICATION

Architectural applications are reviewed at monthly Board of Directors meetings held on the 4th Monday of each month at 7:30pm at the Bonaventure Town Center Club *All changes, additions and/or modifications to the exterior of the buildings or to the lot must be submitted in writing and approved by the Architectural Control Committee (ACC) __PRIOR__ to installation or commencement of such change, addition, and/or modification.*

Name: _____

Address: _____

Phone: Home_____ Work _____ Fax _____

** Attach plans, diagrams, surveys, permits**
Return to: The Gables of Bonaventure HOA. Inc.
   P.O. Box 267815
   Weston, FL 33326
   (954) 534-4717

Approval is hereby requested to make the following modification, alteration, or addition to my house or lot. In making this request, I hereby agree to repair any damages caused to common areas and/or neighbors' properties including but not limited to restoring established drainage patterns, as a result of this work. Additionally I agree to promptly restore all damaged areas to their original condition. I agree to obtain all required permits and licenses, not encroach on any easements, and to adhere to all Broward County ordinances and restrictions of the City and or Association, except as to variances that are specifically requested below:

_____

_____

_____

Estimated $ Value of Project _____

Required Security Deposit of 5% of estimated $ value of project (minimum of $300) Amount received _____

Additionally I understand that I must have written approval from the Gables at Bonaventure HOA before beginning any of the above requested modification, alterations, or additions to my home or lot; and any modifications made without written approval must be removed upon request of the Broad of Directors of the Gables at Bonaventure Homeowner's Association Inc.

Homeowner's Signature _____

ARCHITECTURAL CONTROL COMMITTEE OF **the Gables at Bonaventure, HOA**

_____ APPROVED

_____ DENIED

_____ INADEQUATE INFORMATION PROVIDED. We are unable to process your application without the following:

_____
_____
_____

(Please resubmit your application with this information)

Date returned to applicant _____.   Date of Approval of Completion _____
This Approval expires six months from date returned   Refund Check Number _____

_____   _____
      Authorized ACC signature   *Authorized ACC signature*