

**WOODSTREAM HOMEOWNERS ASSOCIATION**  
**C/O GRS MANAGEMENT ASSOCIATES, INC.**  
**3900 WOODLAKE BLVD, SUITE 309**  
**LAKE WORTH, FL 33463**  
**PHONE 561 641 8554**  
**FAX 561 641 9448**

**ARCHITECTURAL CHANGE REQUEST FORM**

Please Type or Print all information.

Property Owner(s): \_\_\_\_\_ Block # \_\_\_\_\_ Lot #: \_\_\_\_\_

Property Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home Work Cell email

<u>Type of Change Sought</u>	<u>Application Checklist</u>
<input type="checkbox"/> Landscape	<input type="checkbox"/> Signed and Dated
<input type="checkbox"/> Fence / Wall	<input type="checkbox"/> Survey with Sketch of Work Attached
<input type="checkbox"/> Painting	<input type="checkbox"/> Contractor License/Insurance Attached (If used)
<input type="checkbox"/> Structural	<input type="checkbox"/> Copy of Contractors Contract Attached (If used)
<input type="checkbox"/> Hurricane Shutters	<input type="checkbox"/> Common Area Deposit Enclosed (If applicable)
<input type="checkbox"/> Other _____	<input type="checkbox"/> ACC Fee Enclosed (If Applicable)

**DESCRIPTION OF WORK TO BE DONE**

Please describe the type of architectural change you are seeking approval of. Please specify any materials to be used and colors involved.

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**ACKNOWLEDGEMENT OF APPLICANT**

I understand that I must be the property owner to make application to the Association for an Architectural Change. I understand that application does not guarantee approval and that any approval must be received, in writing, prior to making the alterations sought in this application. I understand that Architectural Approval\* is based upon the aesthetics of the proposed change and does not certify the construction worthiness or structural integrity of the proposed change. I further understand that if I am digging that I, or my contractor, must contact the appropriate utilities prior to digging. I understand that I must follow all local building codes and setback requirements when making a change and that a building permit may be required. I further understand that I may not deviate from the plans submitted and that any variation will require re-application.

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Association Use Only**

Date Received by Association: _____	Control #: _____
Date Sent to Committee/Board: _____	<input type="checkbox"/> APPROVED* <input type="checkbox"/> DENIED
Date Letter Sent to Owner: _____	

\*Please note that approval from the Lakes' Master Association is required as well, prior to commencement.