

Return To: Superior Management Association
20283 State Road 7, Suite 219
Boca Raton, FL 33498

Subd _____
Account# _____ Unit _____
Received By _____ Date _____

Telephone #: 561-270-6114

Email:
mcarrion@superiormgmt.net

Request For Architectural Committee Review

Document Check List	Request From
___ Survey Plot Plan ___ Specifications	Date
___ Building Plans ___ Permit	Name
___ Elevations ___ Photos	Local Address
___ Details ___ Paint Colors	Phone #
___ Other (noted)	Other Address
	Email Address

Brief Description of addition, alteration, improvement, etc

Contractor _____

Address _____

- Certificate of Insurance Contractor License Workman's Comp Ins

Homeowners Affidavit

I read the Covenants and Restrictions of my Association and agree to abide by such covenants and restrictions. I will also secure my required local government and/or zoning Permits to ensure that any applied exterior work/change/construction meets any/all applicable Codes and/or Ordinances. No work will commence without the approval of the Association or the securing of proper permits if applicable

Signed _____ Date _____

For Association Use Only

- Approved by Boca Fontana HOA Preliminary approval subject to review
 Insufficient information submitted NOT Approved

 Agent _____ Date _____
 Agent _____ Date _____