

**PALM COURT CONDOMINIUM**  
**C/O INTEGRITY PROPERTY MANAGEMENT, INC.**  
5665 Coral Ridge Drive  
Coral Springs, Florida 33076  
**(954) 346-0677 Office / (954) 346-0784 Fax**

**ARCHITECTURAL MODIFICATION REQUEST**

DATE RECEIVED: \_\_\_\_\_

FROM: OWNER'S NAME \_\_\_\_\_

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

NEIGHBORHOOD ASSOCIATION \_\_\_\_\_ UNIT NUMBER: \_\_\_\_\_

DAY TELEPHONE: \_\_\_\_\_ EVENING TELEPHONE: \_\_\_\_\_

.....  
Approval is hereby requested to make the following modification(s), alteration(s), or addition(s) as described and depicted below, or on additional attached pages as necessary. (Please include such details as the dimensions, materials, color, design, location and other pertinent data in the space provided) **NOTE: "SEE ATTACHED" IS NOT A SUFFICIENT DESCRIPTION. FAILURE TO COMPLETE THIS SECTION MAY RESULT IN YOUR FORM BEING RETURNED**

**NOTE: A SURVEY MUST BE ATTACHED.**

\_\_\_\_\_ Date of Request

\_\_\_\_\_ Signature of Unit Owner

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**CONDOMINIUM ASSOCIATION APPROVAL:**

DATE APPROVED: \_\_\_\_\_

DATE DISAPPROVED: \_\_\_\_\_

BY: \_\_\_\_\_  
(Board Member)

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
DATE APPROVED: \_\_\_\_\_

DATE DISAPPROVED: \_\_\_\_\_

BY: \_\_\_\_\_  
COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
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