

## **GLEN CONDO Architectural Application**

Resident Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Please check the Architectural change you are proposing, attach the requested documentation, and return to the management office.

### **\_\_\_\_\_ Window Replacement or Window Shutter \_\_\_\_\_**

**Manufacturer:** \_\_\_\_\_ **Type:** \_\_\_\_\_ **Color:** \_\_\_\_\_

Include window/shutter photos from the manufacturer and a plot plan illustrating the proposed location of the new windows/shutters.

### **\_\_\_\_\_ Tree Removal:**

**Reason for removal:** \_\_\_\_\_

Please include a survey showing the location of the tree along with pictures of the tree and any damage making the removal necessary. The application must include an approved tree removal permit from Coral Springs. All street trees must be replaced with a Class 1 Florida Live Oak, 10-12 ft or greater in height.

### **\_\_\_\_\_ Fence:**

**Color: White** \_\_\_\_\_ **Bronze** \_\_\_\_\_ **Black** \_\_\_\_\_

Please include a survey indicating the proposed placement of the fence and a photo of the proposed fence material. *Please note that fences must be made of aluminum, cannot exceed 4 feet in height, must be set back from the property line, and hedges must be installed to hide the fence from the view of any other property or the street.* \_\_\_\_\_ Initial

**\_\_\_\_\_ Other Project:**

Specify type of project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specify type of materials to be used and provide photos or plans:

\_\_\_\_\_

\_\_\_\_\_

Please be aware that the ARC application must be approved *before any work is started*. The Board will only review completed applications that include all of the information necessary for them to reach a decision.

**PLEASE ALLOW UP TO 30 DAYS FOR APPROVAL.**

**ARC approval is valid for 90 days. If the project is delayed or the scope of work changes a new application will be required.**

I hereby submit this application to the Glen Condo Board of Directors for review. I acknowledge that the Board of Directors has the right to approve or deny any application based on their judgment. I agree to abide by the decision of the Board.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**FOR COMMITTEE USE ONLY: Meeting Date \_\_\_\_\_**

\_\_\_\_\_  APPROVE  DENIED

\_\_\_\_\_  APPROVE  DENIED

\_\_\_\_\_  APPROVE  DENIED

**CONDITIONS:** \_\_\_\_\_

\_\_\_\_\_