



**Elegant Homes Property Management**

999 Rock Island Rd  
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Sonia.eleganthomes@gmail.com

**HARMONY TERRACE CONDOMINIUM ASSOCIATION, INC.**  
**REQUEST FOR REVIEW OF ARCHITECTURAL MODIFICATION**

OWNER'S NAME: \_\_\_\_\_  
UNIT ADDRESS: \_\_\_\_\_  
DAY PHONE #: \_\_\_\_\_ EVENING PHONE #: \_\_\_\_\_

Approval is hereby requested to make the following modification(s), alterations or addition(s) as described and depicted below or on additional pages as necessary. Please include such detail as the dimensions, materials, color, design, location and other pertinent data.

(PLEASE ATTACH DRAWINGS)

I/we understand and shall comply with the following:

1. If the modification is not completed as approved, said approval can be revoked and the modification will be required to be removed and/or corrected by the owner at the owner's expense.
2. I/we shall be responsible to pay for and repair any and all damages done to the common area(s) as a result of an installation and/or modification.
3. I/we shall comply with the State, County or City Building Code and shall obtain all necessary permits if applicable.
4. I/we shall abide by the decision of the Architecture Review Committee and or Board of Directors.
5. If a request for modification is not approved or does not comply, I/we shall be responsible for all reasonable Attorney's fees and court costs.

- Windows
- Paint
- Garage / Door
- Roof
- Other

\_\_\_\_\_

\_\_\_\_\_

Signature of Homeowner

\_\_\_\_\_

Date of Request

\_\_\_\_\_

Signature of Homeowner

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**Office Use Only:**

Date Received \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Comments **Permit Is Required** \_\_\_\_\_ Date Notified \_\_\_\_\_

\_\_\_\_\_

Board of Directors / Property Manager