

**SILVER SHORES MASTER ASSOCIATION**  
**ARCHITECTURAL COMPLETION NOTICE**

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

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

Lot #: \_\_\_\_\_

Architectural change requested: \_\_\_\_\_

\_\_\_\_\_

Date item was completed: \_\_\_\_\_

If **permit** from City of Miramar was required please attach a copy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form with all necessary information to the management office located at the Silver Shores Clubhouse or fax to 954-432-2524.

\_\_\_\_\_

**OFFICE USE ONLY**

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original \$100 Deposit Check Returned by Property Management:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_