

**REQUEST FOR ARCHITECTURAL REVIEW  
SILVER SHORES MASTER ASSOCIATION**

Homeowner Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Alternate Phone (cell, work, etc.) \_\_\_\_\_

**Directions:** \*Complete and sign form \*Attach Check (see below) \*Attach supporting documentation

**Submit to: Silver Shores Management Office at the Clubhouse**

If you have any questions regarding this form, or what is required for you project, please contact KW Property Manager at (954-432-2691).

- A. Description of project, alteration or improvement you would like to make to the exterior of your home. To avoid delays in approval, please include detailed information (dimensions, materials, color, design, location etc.) and attach this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- B. In an effort to serve you better and expedite the approval for your request, the Architectural Review Committee requests the following items:

- Property Survey/Lot Plan showing the location of the improvement.
- Plans for the improvement, elevations or detailed sketch.
- Photo color chip (if applicable).
- Photographs, pictures, and/or drawings of proposed improvement; i.e. fences require pictures showing the type and design of the proposed fence.
- All requests for architectural review require a deposit in the amount of \$100.00 (in the form of a check) to be submitted with this form and made payable to *Silver Shores Master Association*. Upon project completion, receipt of the Architectural Review Completion Form and inspection by the Architectural Review Committee or representative, the original check will be returned. Requests will not be approved without the check or if the homeowner is delinquent in the payment of association dues and/or violations (which have completed the appeal process).

**HOMEOWNER AFFIDAVIT**

I have read, understand and agree to abide by the Covenant and Restrictions of the Association. I understand that in return for approval, I agree to be responsible for the following:

- For all losses caused to others, including common areas as a result of this undertaking, whether caused by myself or others.
- To comply with all state and local building codes;
- For any encroachment(s);
- To comply with the conditions of acceptance (if any) and;
- To complete the project according to the approved plans. If the modification is not completed as approved, I agree, at my expense to make the necessary modifications to comply with original approval. Approved projects must commence within 90 days of Architectural Review approval. After 90 days, a new request must be resubmitted for approval. All construction shall be completed in a timely and continuous manner but no longer than 90 days from date work was started. Failure to complete the work within the prescribed time period will result in the forfeit of the deposit of \$100.00. The Architectural Control Committee may grant an extension due in extenuating circumstances.

I also understand that the Architectural Review Committee does not review and assures no responsibility for the structural adequacy, capacity of safety of the proposed construction, alteration or addition; for soil erosion of uncompactable or unstable soil conditions; for mechanical, electrical or any other technical design requirements for the proposed construction, alteration or addition; or for performance, workmanship or quality of work of any contractor or of the completed alteration or description.

I agree to abide by the decision of the Architectural Review Committee or Board of Directors. If the modifications is not approved or does not comply, I may be subject to court action by the Association. In such an event, I shall be responsible for all attorneys' fees. The Architectural Review Committee meets monthly on the first Thursday on the month at the Clubhouse at 7:00 p.m. Requests must be submitted at least 3 days prior to the meeting.

Signature of Homeowner: \_\_\_\_\_

\_\_\_\_\_ Approved by Architectural Review Committee:

\_\_\_\_\_ Approved subject to the following conditions:

\_\_\_\_\_ Insufficient information. Resubmit requested information.

\_\_\_\_\_ Denied, not approved for the following reason

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signatures of ARC Members

**Property Manager affirms:**

- \*This form was received on \_\_\_\_\_
- \*Application has been completed according to directions \_\_\_\_\_
- \*All supporting documentation is attached \_\_\_\_\_
- \*Deposit check is attached \_\_\_\_\_