

**Lakeview Greens Condominium Association, Inc.
c/o Wilson Landscaping & Management Corp.
1300 NW 17th Ave. Suite 270 Delray Beach, FL 33445
(561)637-3402 Office (561)637-3407 Fax**

ARCHITECTURAL REQUEST FORM (ARC) INSTRUCTIONS:

Please be sure the following items are complete before returning your architectural Request Form:

- 1) Completed description of the product being installed and the color of the product on the form.
- 2) Copy of the Contractor's License for the company doing the work.
- 3) Copy of the Liability Insurance for the company doing the work.
- 4) Copy of the Workman's Compensation Insurance for the company doing the work.
- 5) Signature on form for the customer requesting the work to be performed.
- 6) Signature on form for the Representative of the company doing the work.
- 7) Signature on form by the Association Representative.
- 8) Copy of appropriate permit from appropriate City or Palm Beach County. Please be sure the form is complete in its entirety, including all signatures listed above, before the work is begun.

Lakeview Greens Condominium Association, Inc

Architectural Request Form

Date: _____

For: _____

Address: _____

Association: _____

Owner: _____

TO BE COMPLETED BY UNIT OWNER:

Product to be installed:

Color of product:

TO BE COMPLETED BY COMPANY REPRESENTATIVE DONG THE WORK:

All necessary permit will be pulled from the county by the company and all product will be up to current code. Show proof that the company is also Licensed and Insured to work in Palm Beach County, Florida.

Company authorized Representative Signature: _____

Date: _____

Notes: _____

Owner/Customer Signature:

Association Representative:

PLEASE RETURN TO WILSON MANAGEMENT UPON COMPLETION BY YOU AND YOUR CONTRACTOR.