



Pine Trace at Binks Forest
c/o AKAM
12765 Forest Hill Blvd; Suite 1320
Wellington, FL 33414
Phone (561) 983-6000
Email: pinetrace@akam.com

ARCHITECTURAL REVIEW COMMITTEE
Request for Modification

Property Owner (Applicant): _____

Property Address: _____

Phone Number: _____

Approval is hereby requested to _____

as described and depicted on the attached pages. Please include the following information:

- Outline of Materials and Colors to be Used
- A Graphic Description of the End Product
- Copies of the Contractors Liability and Workman's Comp Insurance

We hereby make application to the Architecture Review Committee for the above item to be approved in writing by the Committee.

We understand that approval of our request must be granted before we begin the improvement or modification. We also acknowledge that we could be forced to have any improvement or modification removed if it is installed without approval. We also understand that our request may be delayed if insufficient information is included in our request.

Date: _____

Signature of Applicant

Date: _____

Signature of Applicant

We understand that review by the Committee is for appearance only and does not imply nor advert the necessity for approval by any appropriate governmental authorities.

Pine Trace

at Binks Forest



Wellington

Florida

Committee Decision

Approve: _____

Disapprove: _____

Signature of Committee Member

Date: _____