LAKES OF JACARANDA

Bldg Unit:	ARCHITECTURAL	Date:	
ADDRESS	, UNIT	, Plantation, FL 33324.	
TELEPHONE NUMBER: (H)	(W)	(C)	
 This application will not be procesubmitted. All requests for apartment mode accompanied by a survey of the proper contractor or other qualified person shades. Information contained in these plan requested change or alteration. As a condition precedent to grant assumes sole responsibility for the repsame in the approved condition. The applicant assumes all responsibility 	INSTRUCTIONS - CON essed unless signed by app diffications, additions, fence everty. Two complete sets of all be attached to this applical and specifications must show the set of a change air, maintenance or replace dility for any infringement on constitute approval of the st	DITIONS FOR APPROVAL licant(s) where indicated * and the required s, landscape improvements or other such i f plan and specifications prepared by an arch	mprovements must be nitect, engineer, private color and location of the eirs and assigns, hereby e and agree to maintain ements on the property.
final inspections are completed. 8. All work must be started within 90 or re-submit a Request Form. 9. No work may be commenced until to of the Board. 10. Copy of contractor's License and in accordance with, and in understagoverning Documents of the Communiconditions, I/we make application for the communications.	days of date of approval. Fathis form has been processed assurance MUST be attached anding the requirements of ity, to which I/we belong at the following addition, modification, modifi	lure to implement work within 90 days will red I and returned to the applicant signed by an au to this form. I the Declaration of Covenants, Conditions and in acknowledgement of, and in agreement fication, change or improvement upon my/ou indicated. If more space is needed, ple	quire the homeowner to athorized representative and Restrictions of the twith, the above stated r property. (Describe in
*		*	
Signature of Applicant		Signature of Co-Applicant	
Type Name of Applicant		Type Name of Co-Applicant	
ASSOCIATION ACTION TAKEN:			
Your request is: APPROVED The following additional information	conditionally approval		TE
BY:	_		