

GENERAL ARCHITECTURAL REVIEW FORM

**Mail to: Port Antigua at Coral Bay Village Association, Inc.
c/o GRS Community Management.**

3900 Woodlake Blvd., suite 309, Lake Worth, FL 33463

or Email to: AccApps@grsmgt.com

For questions: tele: 561-641-8554

Owner's Name:	Date:
Property Address:	Telephone:
Owner's Signature:	

Please note: You need to submit a completed form to the management company and wait for approval before commencing any work. Your request will be reviewed and you will be notified, via the management company, of approval or denial within 30 days of receiving your completed request.

Once you receive H O A approval and BEFORE you go to the City of Margate for a permit, the City now requires you to obtain a "no objection" letter from the Coral Bay C D D for any project that involves covering any portion of your land (e.g., a patio). That letter will state that your project will not affect drainage.

Also note that the City of Margate may require a building permit for your work. Please call the City at 954-972-1232 if you have any questions.

Instructions: Check or enter all that apply to your improvement or modification.

Location on property:	Front	Side	Rear	
Dimension of item(s):	Length	Width	Height	Depth

Is the improvement or modification above the fence line?	Yes	No
Is the improvement or modification visible from the street?	Yes	No
Is the improvement or modification visible from any adjacent property?	Yes	No
Have you referred to the Rules and Regulations to see if your improvement or modification is allowed?	Yes	No

Please provide a description of your project (for example, install a white screen door on the front of the house, see photo and diagram). Note expansion or addition to existing structures must be accompanied by a site plan layout showing the dimensions of the addition along with its placement on the property. Also, a sketch will often help to better understand the nature of the project.

Continue on additional page and attach additional documentation as necessary.

Do not write below this line. For Association use only.

Disposition	Check One	Comments
Approved		Subject to:
Denied.		Reason for Denial:
Authorized by (Board or Committee Member) and Date.		Authorized by (Board or Committee Member) and Date.