Verano At Miramar Condominium Association, Inc.
c/o South Florida Property Management and Consultants, LLC.
5600 S.W. 135th Avenue, Suite 108
Miami, Florida 33183
Office: 786-409-4771 - Fax: 786-580-5128
Email: Mainoffice@sofImanagement.com

Address:

Daytime Phone #: _____

Evening Phone #: _____

Architectural Modification Form

Approval is hereby requested to make the following modification(s), alteration(s) or addition(s) as described and depicted below or an additional attached page as necessary.

****Please include such details as dimensions, materials, color, design, location and other pertinent data. Also, include letters or signatures from your neighbors acknowledging such modification.**

They would like to place a _____ to the property.
Owner will have the city permits pulled and follow all guide line required by the county.

_____
_____
_____
_____
_____

I understand and will comply to:

1. **That if the modification is not complete as approved, said approval can be revoked and the modification will be require to be removed by the Owner at the Owner's expense.**
2. **That I am responsible to pay for and repair any and all damage(s) done to the common areas as a result of the installation mentioned above.**
3. **To comply with the State, County or City Building code, and to obtain all necessary permits if applicable. (Must show proof to Association)**
4. **To abide by the decision of the Board of Directors (Architectural Committee).**
5. **That if the modification is not approved or does not comply, I may be subject to court action by the Association and that I shall be responsible for all reasonable attorney's fee.**

_____ _____
Date of Request Signature of Unit Owner

Date Received: _____ Date notified: _____
( ) Approved ( ) Disapproved

By: _____ Date: ____/____/____

Comments:
As per the association by-law the owner must have permit and company must be insured.
_____
_____
_____