

Paradise Gardens Section 11
Property Owners Association, Inc.
Architectural Review Committee (ARC) Request Application
Email: office@ccmfla.com

NO WORK SHALL COMMENCE UNTIL APPLICATION IS APPROVED

Owner: _____

Address: _____

Phone: _____

Email: _____

Required Documents if Applicable

1. Drawing Plans and Specifications
2. Survey/Site Plan
3. Name of Contractor and License Number
4. Contractor's General Liability and Worker's Compensation Insurance
5. Product approval

Brief description of alteration, improvement, etc.

All work shall comply with Section -7 of the Protective Covenants, State, County, City of Margate Building & Zoning Codes and Ordinances.

(Signature of Homeowner)

Date: _____

FOR ARC USE ONLY

APPROVED

DENIED

INSUFFICIENT IN INFORMATION

Comments:

_____ **ROOF COLORS: WHITE ---SILVER GRAY -SANDRIFT (GAF BRAND) (LIGHT BROWN)**

Signed: _____

Date: _____

Signed: _____

Date: _____