

Paradise Gardens Section Two
NO WORK SHALL COMMENCE UNTIL APPLICATION IS APPROVED

Email: paradiseg2@bellsouth.net

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 INFORMATION _____

Comments: Roof colors: White, Silver Gray, Sandrift (GAF Brand) Light Brown

As sample of shingle to be used must be submitted. Window frames to be white.

Signed: _____ Date: _____

Return Forms To: Paradise Gardens Two, 1650 NW 68th Ave, Margate, FL 954-679-6755