

OPAL AT SAPPHIRE LAKES APPLICATION FOR ARCHITECTURAL REVIEW

Unit Owner: _____ Date: _____

Bldg. No: _____ Unit No: _____ Email address: _____

Home Phone: _____ Cell Phone: _____

SCOPE OF WORK: Describe in detail the material, color, size, and other helpful information.

Use reverse side if additional space needed.

Please PROVIDE ALL the following information and documents (incomplete applications cannot be processed):

1. Name of entity supplying labor and material _____
2. Estimated date of start and completion: _____
3. Copy of Certificate of Insurance
4. Copy of Occupational License
5. Copy of Workers Compensation Insurance
6. Permits where applicable
7. Attach drawings or pictures.

COMPANY SUPPLING LABOR AND MATERIAL SHOULD SUPPLY REQUESTED INFORMATION TO APPLICANT.

Applicant (s) acknowledge written approval of request must be granted before job is to begin, and they could be forced to have the item (s) removed if installed without written approval. Applicant (s) also acknowledge this request is granted AS PRESENTED to the Board of Directors and must be completed. Any changes are not approved and will not be accepted without written approval of the Committee. The Applicant (s) further acknowledge they will comply with Opal at Sapphire Lakes Declaration of Condominium Association, and all governmental laws, rules and regulations pertaining to this request, and copy of the final inspection report by the appropriate county authority must be sent to the Board of Directors/property manager once job is completed.

Please sign and return this form and attached documents to jshaffery@resortgroupinc.com

Signature of Applicant

Signature of Applicant

FOR BOARD OF DIRECTORS USE ONLY

APPROVED _____ DISAPPROVED _____ DATE _____

COMMENTS _____