ROYAL MANSION CONDOMINIUM ASSOCIATION INC.
ARCHITECTURAL REVIEW APPLICATION

This application is to be completed by the homeowner and **submitted to the Royal Mansion Condominium, c/o Prestige Property Management, PO Box 507, Cape Canaveral, FL 32920 for approval prior to the commencement of any work.** Please refer to your Declaration of Covenants and Restrictions for a description of architectural control in a condominium.

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_____ _____ Owner Name

Property address:

THIS SECTION TO BE COMPLETED BY HOMEOWNER

PHONE (Home):_____ (Work):_____

EMAIL ADDRESS: _____

DESCRIBE THE CHANGE/ADDITION/INSTALLATION: (i.e. window replacement, door replacement, AC replacement, plumbing update, electrical update, water heater replacement, bathroom update, kitchen update, flooring update etc.)

_____

_____

LOCATION: (Attach a copy of a suitable diagram showing where the change/addition/installation will be located)

_____

_____

SPECIFICATIONS: (Attach copies of plans, estimates or pictures)

Dimensions:_____

Material(s):_____

Color(s):_____

Note: All requests must conform to all local Zoning and Building Regulations and you must obtain all necessary permits if your request is approved by the Board of Directors. Please use only licensed and insured vendors for your own protection and that of your neighbors.

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(THIS SECTION TO BE COMPLETED BY BOARD OF DIRECTORS)

REQUEST: Date Approved _____Date Denied _____

COMMENTS:_____

BOD/AGENT SIGNATURE:_____

Homeowner Affidavit of Understanding

I understand that the Board of Directors will act on this request and provide me with a written response of their decision. I further understand and agree to the following provisions:

1. No work or commitment of work will be made by me or my contractor until I have received written approval from the Board.

2. All work will be done at my expense and all future upkeep will remain at my expense.

3. All work will be done expeditiously once commenced and will be done in a workman-like manner by myself or a contractor. No work may be done before 8am or after 6pm Monday thru Saturday only. No work on Sunday is permitted.

4. All work will be performed at one a time and in a manner to minimize interference and inconvenience to other residents.

5. I assume all liability and will be responsible for all damage and/or injury which may result from performance of such work.

6. I will be responsible for the conduct of all persons, agents, contractors, and employees who are connected with this work.

7. I will be responsible for complying with, and will comply with, all applicable Federal, state and local laws, codes, regulations and requirements in connection with this work, and I will obtain any necessary governmental permits and approvals for the work. I understand and agree that the Royal Mansion Condominium Association Inc., its Board of Directors, have no responsibility with respect to such compliance and that the Board of Directors' approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications or work comply with any law, code, regulation or governmental requirement.

9. The contractor to perform the work is: _____, Phone _____.

10 If approved, the work would start on or about _____and would be completed by _____.

_____ _____
Signature of Homeowner Date

RETURN COMPLETED FORMS TO: ROYAL MANSION CONDOMINIUM
C/O Prestige Property Mgmt., PO Box 507, Cape Canaveral, FL 32920
Email: prestigeofbrevard@att.net