

**WOODS WALK HOMEOWNERS ASSOCIATION INC.**  
**REQUEST FOR ARCHITECTURAL REVIEW**

**Directions:**

1. Fill in requested information. 2. Sign form. 3. Submit form and any additional documentation to:  
AAPM, LLC  
1686 S. Federal Hwy #327, Delray Beach, FL 33483  
mbilawsky.aapm@gmail.com  
(561)501-1918

ASSOCIATION NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK # \_\_\_\_\_ CELL #: \_\_\_\_\_

- A. **Brief description:** In the space below give a brief description of the alteration, improvement, addition or other change you would like to make to the exterior of your unit (to avoid delays, be as clear as possible):
- B. Attach to this application the following checked items:
- SURVEY/PLOT PLAN showing the location of the improvement.  OTHER
- PLAN, ELEVATIONS or DETAILED SKETCH  PAINT COLOR CHIP

Description of modification to be completed: \_\_\_\_\_

**HOMEOWNER'S AFFIDAVIT**

I have read the Covenants and Restrictions of my Community Association and agree to abide by them. I understand and, in return for approval, I agree to be responsible for the following:

- For all losses caused to others as a result of this undertaking whether caused by me or others.
- To comply with all local building codes or permits requirements.
- For any encroachment(s).
- To comply with conditions of acceptance (if any).
- To complete the project according to the approved plans.

Signed \_\_\_\_\_ Date \_\_\_\_\_

- APPROVED** by the Association
- APPROVED** \* Subject to the following conditions: \_\_\_\_\_  
Project MUST begin within \_\_\_\_\_ days and completed in \_\_\_\_\_ days.
- INSUFFICIENT INFORMATION**  
Resubmit on a new form. Be sure to include the following \_\_\_\_\_
- NOT APPROVED** \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_