

TAMIAMI TECH CENTER CONDOMINIUM ASSOCIATION, INC.

C/O LYNX PROPERTY SERVICES, LLC.

12485 SW 137 Avenue, Suite 309 Miami, FL 33186 Phone: 305-251-2234 Fax: 305-252-6165

Business hours: M-F 8:30 AM – 5:30 PM

ARCHITECTURAL MODIFICATION REQUEST

(Form to be used when requesting a change outside your unit.)

Homeowner's Name: _____ Account#: _____

Property Address: _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____

Proposed exterior modification/alteration: _____

General description/comments, which you feel are applicable for a positive review of this application:
(Please submit as much information as you can. If you have any pictures or notes, please submit a copy.)

The following items are required and must be included with this application (where applicable):

- Copy of contractor's license and permits.
- Construction details or shop drawings (pictures or drawings).
- Materials and finish specifications (color, style, materials, dimensions).
- Copy of property survey indicating general location of alteration (if needed).
- Cross sections and elevation (if needed).
- Building permits (if needed).
- Product Control Notice of Acceptance issued by Dade County Building Code Compliance Department.
- If it is an already existing structure, photographs from all angles.

Signature of Unit Owner: _____ Date turned in: _____

IF THIS APPLICATION IS APPROVED BY THE BOARD OF DIRECTORS, YOU MUST THEN OBTAIN A PERMIT (IF REQUIRED) FROM METRO DADE COUNTY AND GIVE COPY TO THE MANAGEMENT COMPANY.

FOR USE BY BOARD OF DIRECTORS ONLY

APPROVED APPROVED WITH STIPULATIONS DISAPPROVED INCOMPLETE ARCHITECTURAL FORM

Comments: _____

Signature of Officer: _____ Title: _____ Date: _____