

**Burgundy N Association, Inc.  
c/o Wilson Landscaping & Management Corp.  
1300 NW 17<sup>th</sup> Ave. Suite 270  
Delray Beach, FL 33445  
(561)637-3402 Office (561)637-3407 Fax**

**ARCHITECTURAL REQUEST FORM (ARC) NSTRUCTIONS:**

Please be sure the following items are complete before returning your Architectural Request Form:

- 1) Completed description of the product being installed and the color of the product on the form.
- 2) **A \$250.00 refundable security deposit is required. The check should be made payable to Burgundy N and submitted with the application. The \$250.00 is refundable, provided no damage is done to the common elements. If any repairs are needed, they will be deducted from the security deposit.**
- 3) Copy of the Contractor's License for the company doing the work.
- 4) Copy of the Liability Insurance for the company doing the work, with Burgundy N Association, Inc. listed as the Certificate Holder.
- 5) Copy of the Workman's Compensation Insurance for the company doing the work, with Burgundy N Association, Inc. listed as the Certificate Holder.
- 6) Signature on form for the customer requesting the work to be performed.
- 7) Signature on form for the Representative of the company doing the work.
- 8) Signature on form by the Association Representative.
- 9) Copy of appropriate permit from appropriate City or Palm Beach County.

**Please be sure the form is complete in its entirety, including all signatures listed above, before the work is begun.**

**Burgundy N Association, Inc.**  
**Architectural Request Form (ARC Form)**

Date: \_\_\_\_\_  
Unit Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

To be completed by Unit Owner:	
Product to be installed:	Color of product:
_____	_____
_____	_____
_____	_____
_____	_____

To be completed by Company Representative completing the work:	
All necessary permits will be pulled from the County or City by the company and all products will be up to current code. The company is also <b><u>Licensed and Insured</u></b> to work in Palm Beach County, Florida.	
Company authorized signature:	_____
Date:	_____
Notes:	_____
	_____
	_____

Customer Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Association Representative Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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