

**Saxony O Condominium Association, Inc.
c/o Wilson Landscaping & Management Corp.
1300 NW 17th 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) Copy of the Contractor's License for the company doing the work.
- 3) Copy of the Liability Insurance for the company doing the work.
- 4) Copy of the Workman's Compensation Insurance for the company doing the work.
- 5) Signature on form for the customer requesting the work to be performed.
- 6) Signature on form for the Representative of the company doing the work.
- 7) Signature on form by the Association Representative.
- 8) 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.

**Saxony O Condominium 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 <u>Licensed and Insured</u> to work in Palm Beach County, Florida.	
Company authorized signature:	_____
Date:	_____
Notes:	_____

Customer Signature: _____

Printed Name: _____

Date: _____

Association Representative Signature: _____

Printed Name: _____

Date: _____