

TUSCANY CONDOMINIUM ASSOCIATION, INC.
c/o Wilson Landscaping & Management Corp.
1300 NW 17th Ave. Suite 270
Delray Beach, FL 33445
(561)637-3402

Date: _____

Unit Owners: _____

Unit Address: _____

1. The attached ARC Form is to be completed by the unit owner. Please return the completed ARC form to the above address with ALL pertinent material for your specific project, including all copies of the contractor's license and insurance information.
2. The Association and/or its management company may not be required to take any action to maintain, repair or replace any such changes, alterations, additions or issues caused by any work done.
3. The owner assumes all responsibility for any changes, alterations or additions to the property.
4. Please read the form in detail and refer to your copy of the Association's governing documents for more information on alterations.
5. The approval process requires the signature of a member of the Association's Board of Directors.
6. The Association has thirty (30) days in which to respond to your ARC request. No work is to commence prior to receiving approval. Fines may be levied for failure to comply.
7. You will receive the "Approved" or "Not Approved" form in the mail. Once you receive the approved form, you may schedule the work to be completed.
8. All contractor waste is to be removed from Kings Point. Dumpsters in Kings Point are NOT for contractor's use. Old appliances must also be removed by the vendor who delivers new appliances.
9. Any questions may be directed to Wilson Landscaping & Management Corp. at: (561)637-3402.

I/We hereby acknowledge that I/we fully understand the approval process:

Unit Owner Signature

Date

Unit Owner Signature

Date

Tuscany 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) Certificate of Insurance from your contractor, with the following listed as the Certificate Holder:

Tuscany Condominium Association, Inc.
c/o Wilson Landscaping & Management Corp.
1300 NW 17th Ave.
Suite 270
Delray Beach, FL 33445
- 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 Palm Beach County (after approval has been granted).

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

**Tuscany 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 **Licensed and Insured** to work in Palm Beach County, Florida.

Company authorized signature: _____

Date: _____

Notes: _____

Customer Signature: _____

Printed Name: _____

Date: _____

Association Representative Signature: _____

Printed Name: _____

Date: _____