

**BOCA FALLS HOMEOWNERS ASSOCIATION, INC.**  
**21700 Boca Falls Drive**  
**Boca Raton, Fl 33428**  
**Tel: (561) 883-0728**  
**Fax: (561) 883-6308**

**ARCHITECTURAL CONTROL COMMITTEE**

**REQUEST FOR MODIFICATION**

Please submit separate applications for each project.  
If you are changing the color of your home, please submit the color changes application.

**Boca Fall Neighborhood:** \_\_\_\_\_

**Application Number (To be assigned):** \_\_\_\_\_

**Property Owner (Applicant):** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Lot Number:** \_\_\_\_\_

**Phone Number: (Home)** \_\_\_\_\_ **(Office):** \_\_\_\_\_

Approval is hereby requested to make the following modification(s), alteration(s), or additions(s) as described and depicted below, or on additional attached pages as necessary. Please include such details as dimensions, materials, color, design, location, plotted on a survey and other pertinent data.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We hereby make application to the Architectural Control Committee for the above described item(s) to be approved in writing by the Architectural Control Committee.

We understand that approval of our request must be granted before we begin the improvement or modification. We also acknowledge that we could be forced to have any improvement or modification removed if it is installed without approval. We understand that our request may be delayed if insufficient information is included in our request.

**\*\* If your improvement project requires access via your neighbor's property, please be sure to ask permission before beginning the project. \*\***

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**We understand that review by the Architectural Committee is for appearance only and does not imply nor avert the necessity for approval by any appropriate governmental authorities.**