REALMANAGE
FAMILY OF BRANDS

Seychelles II Condominium Association, Inc.

APPLICATION FOR ARCHITECTURAL MODIFICATION

Ph: 866-473-2573 &
Fax: 866-919-5696 &
Email: SEYCOND2@CIRAMAIL.COM

Please return completed application to:
ARCHITECTURAL REVIEW COMMITTEE
Seychelles II Condominium Association,
Inc. C/o RealManage, P.O. Box 803555,
Dallas, TX 75380

Forms can also be submitted online via the resident portal at realmanage.com. Login and select 'Contact Us' to submit.

This is a request form to be completed by the homeowner and submitted to the Architectural Review Committee for approval **BEFORE** any work commences. Please be advised, reviews may take up to 30 days for processing from the date a complete application is received in our office. Please refer to the Governing Documents and Design Guidelines for additional information.

Name of Owner (s):			Email Address:
Street Address:			
Date:	Lot #	Phase #	Phone number:

Approval is hereby requested for the following modification(s), addition(s) and/or alterations as described below and on attached pages: (Check applicable box and/or describe below):

☐ Additions	☐ Hurricane Shutters	☐ Screen Enclosure	☐ Pool/Spa
☐ Landscaping	☐ Landscape Curbing	☐ Patio/Pavers	☐ Exterior Paint
☐ Doors New	☐ Wall/Fence	☐ Walkway	☐ Solar Collectors (Fans/Tubes)
☐ Generator/Gas Tank	☐ Yard Art	☐ Driveway Reseal	☐ Satellite Dish

IS THIS A RESUBMITTAL Yes/No

Additional Information: _____

_____

_____

- Location: Attach a copy of the plot plan/survey showing where the addition is located relative to the home and the property lines. Plot plan/survey should be included in your closing documents. If not a copy can be obtained from the county property appraisers office.
- Specs: Attach copies of plans from any contractor or vendor providing service. Including color samples, photos, dimensions etc.
- You are responsible for obtaining any necessary permits from the appropriate Building and Zoning Department(s).
- Access to area of construction is only allowed through your property, and you are responsible for any damages. If access is needed on neighboring properties, please check with your neighbors before commencing any work.

Owner's Signature	Completion Date: ***Please contact HOA upon completion for final inspection***

☐ Approved ☐ Denied

Date of Approval/Denial: _____Signed: _____

Community Manager

Your Approval is subject to the following attached Addendum(s) _____