

**LEXINGTON LAKES COA  
ARCHITECTURAL CHANGE REQUEST FORM**

c/o Triton Property Management  
3101 SE Lexington Dr., Stuart, FL 34994  
Office: 772-781-4102  
Triton Property Management 561-250-6565

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Name of Applicant/Homeowner \_\_\_\_\_ Address \_\_\_\_\_

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Address of Applicant (if different) \_\_\_\_\_ Email Address \_\_\_\_\_ Date of Application \_\_\_\_\_

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Telephone Number - Daytime \_\_\_\_\_ Telephone Number - Evenings \_\_\_\_\_

**DESCRIPTION OF WORK TO BE DONE**

Submit this form for all proposed additions, changes, modifications, etc., accompanied where appropriate by plans, drawings, specifications, etc.). **If all required information is not received with this completed application, the Association will automatically reject the application until all requested information is received. Owners assume all responsibility and cost for any addition or change, and its future upkeep.**

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The undersigned acknowledges that they have read and understand this application. They also understand that until a signed approval is received, no work is to be started.

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Applicant's Signature \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**CONDITIONS OF APPROVAL**

1. **It is the responsibility of the homeowner to obtain and display all required permits prior to work beginning. A copy of the permit must be provided to the association once issued.**
2. All Contractors must supply a copy of their License and Insurance Certificate naming Lexington Lakes COA and Triton Property Management as additional insured to Association with this application prior to any work being performed. This requirement protects the Association and Triton Property Management from any liability in case of accidents. If work is being performed by the owner, please indicate this.
3. Copy of contractor's proposal must be provided (*If Applicable*).
4. Sketch / drawing of the work to be done.
5. For any hard surface flooring material soundproofing requirements must be met for the flooring underlayment. The owner is required to install a Sound Control Underlayment System which will provide an Impact Insulation Class (IIC) rating of sixty (60) or greater. Please supply the rating specifications sheet with this form.

**NO WORK MAY COMMENCE UNTIL THE ASSOCIATION PROVIDES A WRITTEN APPROVAL**

**ADDITIONAL COMMENTS** \_\_\_\_\_

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APPROVAL: \_\_\_ YES \_\_\_ NO      BOARD MEMBER NAME/SIGNATURE \_\_\_\_\_      DATE \_\_\_\_\_