JUNE 1, 2026

CARL E. MALYSZ, CHAIRPERSON
DELRAY VILLAS PLAT 1 HOMEOWNERS ASSOCIATION ARCHITECTURAL COMMITTEE
P.O. BOX 7228
DELRAY BEACH, FL 33482

APPLICATION FOR ARCHITECTURAL IMPROVEMENT

HOMEOWNER'S NAME: _____DATE: _____

UNIT ADDRESS: _____PHONE: _____

DETAILED NATURE OF IMPROVEMENT (IF NECESSARY, ATTACH SCHETCH, OTHER MATERIALS, ETC.):

_____

IF NEW PAINT: COLOR: _____ENTIRE, FRONT, OR REAR_____

LICENSED CONTRACTOR: YES _____ NO_____ NUMBER: _____

IMPORTANT NOTES:

DO NOT EXECUTE ANY CONTRACTURAL AGREEMENTS UNTIL THIS APPLICATION IS APPROVED.

THE HOMEOWNER ASSUMES ALL RISK OF DAMAGEAND/OR INJURY TO HIMSELF OR OTHERS ON THIS PROPERTY FOR ANY LOSS SUSTAINED BY REASON OF THE CONSTRUCTION OR THE IMPROVEMENT REQUESTED IN THIS APPLICATION AND AGREES TO INDEMNIFY AND HOLD HARMLESS THE DELRAY VILLAS PLAT 1 HOMEOWNERS ASSOCIATION AND ITS BOARD OF DIRECTORS FOR ANY LOSSES SUSTAINED BY VIRTUE OF APPROVAL OF THIS RQUEST.

THE HOMEOWNER FURTHER AGREES TO APPLY FOR AND OBTAIN ANY AND ALL THE NECESSARY PALM BEACH COUNTY BUILDING PERMITS BEFORE COMMENCING CONSTRUCTION.

THE OWNER IS RESPONSIBLE FOR MOVING AND REPLACING ANY SPRINKLER HEADS AND ALL SPRINKLER WATER LINES AROUND ANY CONCRETE PAD AT THEIR OWN EXPENSE.

CALL "811" BEFORE YOU DIG FOR UNDRGROUND UTILITY LOCATES. IT'S THE LAW IN FLORIDA.

OWNER'S SIGNATURE: _____ DATE: _____

RETURN THIS APPLICATION WITH BACKUP MATERIAL TO THE ARCHITECTURAL COMMITTEE CHAIR.

CHAIRPERSON SIGNATURE: _____ CONTACT PHONE: 502-939-3577
DATE RECEIVED: _____ DATE APPROVED: _____
DATE OF DENIAL: _____ REASON FOR DENIAL: _____

_____ _____

Name and Officer Title, Delray Villas Plat 1 HOA Date

THIS APPROVAL EXPIRES IN 90 DAYS. UPON EXPIRATION, YOU MUST REAPPLY FOR APPROVAL.