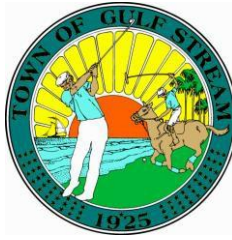


# TOWN OF GULF STREAM

## PALM BEACH COUNTY, FLORIDA

### COMMISSIONERS

SCOTT MORGAN, Mayor  
THOMAS M. STANLEY, Vice-Mayor  
PAUL A. LYONS, JR.  
JOAN K. ORTHWEIN  
THOMAS A. SMITH



Telephone  
(561)276-5116

Fax  
(561) 448-1009

Town Manager  
Gregory L. Dunham

Town Clerk  
Renee Basel

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

Contractor Company: \_\_\_\_\_

The Town of Gulf Stream Code of Ordinances has specific restrictions and requirements for the design and appearance of windows and doors on buildings according to the structure's architectural style. Failure to fully comply with Gulf Stream Ordinances Sec. 70-101 Sec. 70-103, Sec. 70-219, Sec. 70-220, Sec. 70-236, Sec. 70-239, Sec. 70-241, Sec. 70-242 and Sec. 71-7 and any other Gulf Stream Design Manual requirements may result in penalties, appearing before a special magistrate and liens against the property. By signing below, the owner and contractor acknowledge that they are aware of the stipulations on windows and doors in the Town of Gulf Stream by local ordinance and agree to abide by the applicable ordinances. The Gulf Stream Code of Ordinances may be found at [https://library.municode.com/fl/gulf\\_stream/codes/code\\_of\\_ordinances?nodeId=CD\\_ORD\\_TOWN\\_GULF\\_STREAM\\_FLORIDA](https://library.municode.com/fl/gulf_stream/codes/code_of_ordinances?nodeId=CD_ORD_TOWN_GULF_STREAM_FLORIDA).

Owner Name: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public – State of Florida

\_\_\_\_\_  
Print, Type, or Stamp Name of Notary Public Personally

Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Company Name: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public – State of Florida

\_\_\_\_\_  
Print, Type, or Stamp Name of Notary Public Personally

Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_