

**PARK PLACE VILLAS CONDOMINIUM ASSOCIATION, INC.
ARCHITECTURAL REVIEW – REQUEST FORM**

Name: _____ Date: _____

Address: _____ Unit: _____

Phone (home): _____ Phone (cell/office): _____

Contractor: _____ Contractor's Phone: _____

Unit Owner Request:

The unit owner(s) request Association approval for the following (circle any that apply):

Screen Enclosure Glass Enclosure Window Replacement Door Replacement

Garage Door Replacement Other: _____

Brief Description of Request Details: _____

NOTE: Owner is responsible for maintenance, upkeep and repair of any and all approved modifications.

Desired Start Date: _____ Estimated Completion Date: _____

Required Information to Accompany Request:

Basic plans with specifications of components / materials to be used
Colors of all exterior facing components / materials

Contractor Information:

Address: _____

Florida License #: _____ Years in Business: _____

All information must be submitted & approved by the Board prior to commencement of project.

Date Received: _____ Received by: _____

Each owner/contractor is responsible for the trash and debris from their construction. Exterior trash and debris is to be removed daily and may not, at any time, clutter any other area within Park Place. It is also understood that the owner/contractor is responsible for any damage to buildings, plantings or other common property incurred as a result of construction. If the owner/contractor does not comply, the Association has the right, but not the responsibility, to rectify the situation and charge the owner/contractor for any expense incurred.

All modifications must be built to comply substantially with the plans and specifications as approved by the Board.

Owner/contractor understands and agrees to comply with all Sarasota County rules, codes and permitting regulations.

ANY CHANGES OF THE SPECIFICATIONS AFTER FINAL APPROVAL MUST BE RESUBMITTED FOR APPROVAL PRIOR TO COMMENCEMENT OF CONSTRUCTION.

Owner's Signature

Contractor's Signature

Date

Date

BOARD APPROVAL / ACTION

For Park Place Villas Condominium Association Use Only

Request from _____ (Owner)

For Unit # _____

Dated: _____

Additional Information Needed: _____

List of conditions, if any: _____

NOTE: Approval or Denial requires signatures of two (2) Board Members

Approved by: _____

Date: _____

Approved by: _____

Date: _____

Denied by: _____

Date: _____

Denied by: _____

Date: _____

Denied for the following reasons: _____

