

REQUEST FOR ARCHITECTURAL APPROVAL

This is a request form to be completed by the homeowner and submitted to the (ACC) Architectural Control Committee for approval **BEFORE** any work commences. Please complete in it's entirety, include all required items and mail to: **Vista Bay Condominium Association Inc., c/o Progressive Community Management, Inc. at 3701 South Osprey Avenue, Sarasota, FL 34239** email tball@pcmfla.com fax (941) 923-7000

THIS SECTION TO BE COMPLETED BY THE HOMEOWNER

DATE: _____

NAME: _____

ADDRESS: _____

PHONE (HOME) _____ (WORK) _____

DESCRIBE THE CHANGE/ADDITION/INSTALLATION:

LOCATION: (ATTACH A COPY OF THE PLOT PLAN/ SURVEY SHOWING THE LOCATION OF THE ADDITION OR INSTALLATION – MUST BE PROVIDED)

GIVE DESCRIPTION.

SPECIFICATIONS: (ATTACH A COPY OF THE PLANS OR SUITABLE DRAWING OR PICTURE - MUST BE PROVIDED)

DIMENSIONS: _____

MATERIAL (S): _____

COLOR (S) (sample or color chip – must be provided): _____

ESTIMATED TIME OF COMPLETION: _____

NOTE: ALL REQUESTS MUST CONFORM TO THE LOCAL ZONING AND BUILDING REGULATIONS AND OWNERS ARE RESPONSIBLE FOR OBTAINING THE NECESSARY PERMITS IF YOUR REQUEST IS APPROVED.

THIS SECTION TO BE COMPLETED BY THE MANAGEMENT CO.

REQUEST: DATE APPROVED _____ DATE DENIED _____

AUTHORIZED SIGNATURE: _____

(ACC) SIGNATURE: _____

(ACC) Comments or Conditions: _____

