

ARCHITECTURAL REVIEW COMMITTEE APPLICATION

This request form is to be completed by the homeowner and submitted to the ARC for approval BEFORE any work commences. Please refer to your Declaration of Covenants, Conditions and Restrictions for a description of the ARC and its purpose.

If you would like notification sent to alternate address please list below:

THIS SECTION TO BE COMPLETED BY HOMEOWNER

ASSOCIATION NAME: Heron Bay Property Owners Association, Inc. Date: _____

Name: _____

Property Address: _____

Phone (Home): _____ (Alternate): _____

DESCRIBE THE CHANGE/ADDITION/INSTALLATION:

(i.e. Repaint exterior, Screen enclosure, Pool, Landscape change, Driveway, Change, Gutters, Storm Shutters, etc.)

LOCATION:

(Attach a copy of a survey map, site plan with a suitable diagram showing where the addition is located)

SPECIFICATIONS:

(Attach copies of plans, estimates or pictures, paint color sample(s), landscaping for pools)

Dimensions: _____

Material (s): _____

Color(s): _____

All requests must conform to all local zoning and building regulations and you must obtain all necessary permits if the ARC approves your request.

SECTION TO BE COMPLETED BY ARCHITECTURAL REVIEW COMMITTEE

REQUEST: Date Approved: _____ Date Denied: _____

BOARD MEMBER'S SIGNATURE: _____

COMMENTS: _____

Please Return Completed Form Along with Plans, Plot Site Plan, Samples, Pictures, etc. To:

Heron Bay Property Owners Association, Inc.

c/o Progressive Community Management

3701 S. Osprey Ave.

Sarasota, FL 34239

jpatterson@pcmfla.com