

# ARCHITECTURAL REVIEW COMMITTEE APPLICATION

To be completed by the Unit Owner and submitted to the ARC for approval BEFORE any work commences

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

\_\_\_\_\_  
\_\_\_\_\_

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## THIS SECTION TO BE COMPLETED BY UNIT OWNER

ASSOCIATION NAME: Oasis On Osprey Condominium Association, Inc. Date: \_\_\_\_\_

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

Unit Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Alternate): \_\_\_\_\_

### DESCRIBE THE CHANGE/ADDITION/INSTALLATION:

(replace carpeting with hard surface flooring; install blind or tiles on lanai; install storm door; etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ROOM(S)

\_\_\_\_\_  
\_\_\_\_\_

### SPECIFICATIONS:

(Attach copies of estimates detailing work to be performed and materials to be used, pictures, color sample(s), etc)

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.**

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## SECTION TO BE COMPLETED BY ARCHITECTURAL REVIEW COMMITTEE

REQUEST: Date Approved: \_\_\_\_\_ Date Denied: \_\_\_\_\_

BOARD MEMBER'S SIGNATURE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please Return Completed Form Along with Attachments To:

Oasis On Osprey Condominium Association, Inc  
c/o Progressive Community Management  
3701 S. Osprey Avenue, Sarasota, FL 34239  
or e-mail to manager, Julie Rodgers at  
jrodgers@pcmfla.com