

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:

THIS SECTION TO BE COMPLETED BY UNIT OWNER

ASSOCIATION NAME: The Gardens Condominium Association, Inc. Date: _____

Name: _____

Unit Address: _____

Phone (Home): _____ (Alternate): _____

DESCRIBE THE CHANGE/ADDITION/INSTALLATION:

(windows; doors; screen/lanai enclosure; kitchen/bath remodel, landscape change; 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.

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:

The Gardens Condominium Association, Inc
c/o Progressive Community Management
3701 S. Osprey Avenue, Sarasota, FL 34239
or e-mail to manager, Gary Williams at
gwilliams@pcmfla.com