ARCHITECTURAL REVIEW APPLICATION

This request form is to be completed by the homeowner and submitted 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: Courtyard Villas at Center Gate Condo Assoc. Date: _____

Name: _____

Property Address: _____

Phone (Home): _____ (Alternate): _____

DESCRIBE THE CHANGE/ADDITION/INSTALLATION:
(i.e. Screen enclosure, Landscape change, Change, Gutters, Storm Shutters, Windows, 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.

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 Board or Management approves your request.

SECTION TO BE COMPLETED BY BOARD OF DIRECTORSAND/OR/MANAGEMENT

REQUEST: Date Approved: _____ Date Denied: _____

BOD OR MANAGEMENT SIGNATURE: _____

COMMENTS: _____

_____

_____

_____

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

Courtyard Villas at Center Gate Condominium Association, Inc.
c/o Progressive Community Management
3701 S. Osprey Ave.
Sarasota, FL 34239
randrusiak@pcmfla.com