

PINK SKIES MANAGEMENT

ARCHITECTURAL REVIEW REQUEST (ARC) FORM

Association:

Unit/Lot:

Received By:

Date:

HOMEOWNER INFORMATION

Homeowner:

Address:

Home Phone:

Cell Phone:

Email:

BRIEF DESCRIPTION OF IMPROVEMENT

REQUIRED DOCUMENTS

1. Copy of lot survey with exact location of proposed improvement drawn clearly and legibly (HOA only).
2. Copy of warranty deed (HOA and Condominium Association).
3. If doing work yourself, state this in the description above.
4. If using a contractor, include proposal, full plans/drawings/specifications, contractor license, certificate of liability, and workers compensation insurance.
5. If within five (5) feet of neighboring property, show the relationship to that property in the sketch (HOA only).
6. If on a corner lot with street on the side of proposed improvement, indicate this in the drawing (HOA only).
7. For painting requests, include sample color cards (HOA only).
8. For window replacement, include a photo/specs of the new windows. For flooring, include STC sound transmission documentation.

Certificate Holder / Submission:

Cypress Chase North #4 Condominium Association

Submit completed applications and supporting documents to: manager@pinkskeysmanagement.com

CONDITIONS OF APPROVAL

- 1) Approval is valid for sixty (60) days only, unless otherwise specified.
- 2) Owner is responsible for obtaining any permits required from the City, County, Governmental Agencies, etc.
- 3) Owner is responsible for any and all damage to utilities, including sewer, water, cable, electric and telephone.
- 4) Owner must remove all debris and re-sod or restore any areas that are disturbed or destroyed.
- 5) Owner is responsible for damage to sidewalks, roadways, common areas or neighboring property from work or equipment.
- 6) Owner may not alter drainage of their property or any neighboring property.
- 7) Owner is responsible to maintain the alteration/improvement after approval and completion.
- 8) Work may not begin until written approval has been given by the Board of the Association.

Please note: Additional conditions may apply and will be determined on an individual basis.

HOMEOWNER AFFIDAVIT

I, _____ hereby submit this application for approval pursuant to the regulations of my Association for the architectural change noted above. If approval is granted, I agree to comply with the conditions stipulated herein. I further understand that I may be prosecuted by my Association should I fail to comply with the covenants and restrictions of the Association or if I intentionally misrepresent information on this form.

NO WORK MAY BEGIN WITHOUT WRITTEN APPROVAL FROM THE ASSOCIATION.

Signature of Applicant/Owner:

Date:

FOR ASSOCIATION AND MANAGEMENT USE ONLY

Approved

Electronically Approved by Board

Preliminary Approval - subject to review

Insufficient information - resubmit

Denied

Comments:

Name / Signature / Date:

Name / Signature / Date: