

**SEASIDE SANCTUARY RESIDENT'S ASSOCIATION, INC
REQUEST FOR EXTERIOR ADDITION OR MODIFICATION**

2753 State Road 580 Suite 202 Clearwater, FL 33761
TEL. (813) 855-4860 or (727) 771-7753 FAX (727) 238-8801

NAME: _____ DATE: _____

ADDRESS: _____ LOT #: _____ PHONE: _____

DESCRIPTION OF REQUEST(S) (Number if more than one)

When appropriate to the requested addition or modification, please attach the following:

1. Lot survey showing changes proposed.
2. Elevation and building material description
3. Paint and or stain colors proposed. Swatches/samples of color required.
4. Selected contractor with copies of license and workers compensation/liability Insurance.
5. Proposed start date and completion date

Upon signing this request, the homeowner understands that the Architectural Review Board functions only to recommend to the Board of Directors the acceptability of the appearance of changes to the building exterior, the community or land. There is no intention, expressed or implied, to approve or disapprove any equipment, its function, contractor or sub-contractor, or to make any representation that it meets applicable county codes or permitting requirements. The homeowner also accepts all responsibility for the maintenance of operation and/or appearance of any installation, change or addition and required permits.

IT IS ALSO UNDERSTOOD BY THE OWNER THAT THE ASSOCIATION, ITS' BOARD OF DIRECTORS AND THEIR AGENT IS NOT RESPONSIBLE FOR DETERMINING COMPLIANCE WITH LOCAL ZONING OR PERMITTING REQUIREMENTS. FOR ANY WORK WHICH A PERMIT IS REQUIRED, A COPY OF THE PERMIT MUST BE FILED WITH THE ASSOCIATION AFTER APPROVAL OF THE BOARD OF DIRECTORS AND PRIOR TO COMMENCEMENT OF CONSTRUCTION. THE HOMEOWNER UNDERTAKES ALL RESPONSIBILITY FOR COMPLIANCE WITH CONSTRUCTION TO BUILDING CODE STANDARDS AND PERMITTING AND APPROVAL OF THE APPLICATION DOES NOT, IN ANY FASHION, CONSTITUTE A WAIVER OR EXCEPTION FROM APPLICABLE CODES OR PERMIT REQUIREMENTS.

Owner's Signature

Date

ARCHITECTURAL CONTROL COMMITTEE RECOMMENDATION

Signature: _____ Please Print Name: _____

Signature: _____ Please Print Name: _____

Signature: _____ Please Print Name: _____

Your Request has been: Approved: _____ Denied: _____ Date: _____

FOR THE BOARD OF DIRECTORS

Signature: _____ Please Print Name: _____

Your Request has been: Approved: _____ Date _____ / Denied: _____ Date _____