

PRESTWICK HOMEOWNER'S ASSOCIATION, INC.

C/O : SEABOARD ARBORS MANAGEMENT SERVICES, INC.
2189 CLEVELAND STREET, SUITE 225 – CLEARWATER, FLORIDA 3376

REQUEST FOR EXTERIOR ADDITION OR MODIFICATION

NAME: _____

DATE: _____

ADDRESS: _____

PHONE: _____

LOT#: _____

DESCRIPTION OF REQUEST(S) (Please 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. Selected contractor with copies of license and workers compensation/liability insurance.
4. Proposed start date and completion date.

Upon signing this request, the homeowner understands that the Architectural Control Committee 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 HOMEOWNER THAT THE ASSOCIATION, IT'S BOARD OF DIRECTORS AND THEIR AGENTS ARE NOT RESPONSIBLE FOR DETERMINING COMPLIANCE WITH LOCAL ZONING OR PERMITTING REQUIREMENTS FOR ANY WORK WHICH A PERMIT IS REQUIRED, A COPY OF SAID PERMIT MUST BE FILED WITH THE ASSOCIATION AFTER APPROVAL OF THE BOARD OF DIRECTORS AND PRIOR TO THE COMMENCEMENT OF CONSTRUCTION. THE HOMEOWNER SHALL UNDERTAKES ALL RESPONSIBILITY FOR COMPLIANCE WITH CONSTRUCTION TO BUILDING CODES, STANDARDS AND PERMITTING. THE APPROVAL OF THIS APPLICATION DOES NOT, AND IS NOT INTENDED TO, CONSTITUTE A WAIVER OR EXCEPTION FROM APPLICABLE CODES OR PERMITTING REQUIREMENTS.

Owner's Signature

Date

ARCHITECTURAL CONTROL COMMITTEE RECOMMENDATION

Signature: _____

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Print Name: _____

THE ACC HAS RECOMMENDED THAT YOUR REQUEST BE :

Approved: _____ Date: _____

Approved w/ conditions _____ Date: _____

Returned for additional info _____ Date: _____

Disapproved: _____ Date: _____

BOARD OF DIRECTORS DECISION

Signature: _____

Print Name: _____

YOUR REQUEST HAS BEEN :

Approved: _____ Date: _____

Disapproved: _____ Date: _____