

**REQUEST FOR ARCHITECTURAL APPROVAL**

This is a request form to be completed by the homeowner and submitted to the (ACC) Architectural Control Committee for approval **BEFORE** any work commences.

Please complete in its entirety and mail to:

Towns at Lakeside Plantation Association,

c/o Sunvast Management, 321 Interstate Blvd. Sarasota, FL 34240, Fax 941-378-0322

**THIS SECTION TO BE COMPLETED BY THE HOMEOWNER**

TOWNS AT LAKESIDE PLANTATION HOA, INC.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

LOT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (CEL): \_\_\_\_\_

EMAIL \_\_\_\_\_

DESCRIBE THE CHANGE/ADDITION/INSTALLATION: (i.e. pool, screen enclosure, patio, landscaping, sidewalk/driveway pavers, etc.)

LOCATION: (ATTACH A COPY OF THE PLOT PLAN/SURVEY SHOWING THE LOCATION OF THE ADDITION OR INSTALLATION – MUST BE PROVIDED) GIVE DESCRIPTION.

SPECIFICATIONS: (ATTACH A COPY OF THE PLANS. DRAWING OR PICTURE – MUST BE PROVIDED)

DIMENSIONS: \_\_\_\_\_

MATERIAL (S): \_\_\_\_\_

COLOR (S): \_\_\_\_\_

ESTIMATED TIME OF COMPLETION: \_\_\_\_\_

**NOTE:** Per the Governing documents: OWNERS ARE RESPONSIBLE FOR THE WORK/ACTION OF PERSONS UNDER THEIR EMPLOY, DIRECTION OR AUTHORITY. Please supervise the work to ensure that damage to common areas does not occur or is corrected. ALL REQUESTS MUST CONFORM TO THE LOCAL ZONING AND BUILDING REGULATIONS AND OWNERS ARE RESPONSIBLE FOR OBTAINING THE NECESSARY PERMITS IF YOUR REQUEST IS APPROVED.

**PLEASE DO NOT WRITE BELOW THIS LINE**

REQUEST: DATE APPROVED \_\_\_\_\_ DATE DENIED \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

(ACC) SIGNATURE: \_\_\_\_\_

(ACC) Comments or Conditions: \_\_\_\_\_

DATE RECEIVED BY SUNVAST: \_\_\_\_\_ SENT TO ACC: \_\_\_\_\_ SENT TO H/O \_\_\_\_\_

Fax: 941-378-0322 Phone: 941-378-0260