

TUSCANY WOODS COMMUNITY ASSOCIATION, INC. -ALTERATION APPLICATION

OWNER'S Name: _____ DATE: _____

PHONE: _____ ADDRESS _____

LOT #: _____ EMAIL ADDRESS: _____

Circle Type of Home: Single Family Twin Villa Townhome Condominium

TYPE OF ALTERATION:

Approval is hereby requested for the following modifications(s), addition(s), and/or alterations as described below and on attached pages. (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Doors New | <input type="checkbox"/> Patio Extension/Addition |
| <input type="checkbox"/> Driveway New | <input type="checkbox"/> Screening/Enclosure New |
| <input type="checkbox"/> Exterior Modification | <input type="checkbox"/> Landscape |
| <input type="checkbox"/> Hurricane Shutters | <input type="checkbox"/> Gutters |
| <input type="checkbox"/> Pavers | <input type="checkbox"/> Other (please list below) |

DESCRIBE IN DETAIL, TYPE OF ALTERATION AND MATERIALS TO BE USED:

THIS SECTION MUST BE COMPLETED

- The work will be preformed by a contractor. (Provide a copy of their license and proof of insurance)
- The work will be preformed by the homeowner. (Please read and initial statement below)

____ (applicant initials) The applicant a/k/a homeowner holds the association and its management agent harmless in the event that the applicant plans on initiating and preforming the improvements themselves.

For most applications, specifications of modifications (i.e. size, color, type of material) and a diagram or site plan are required as well as other documentation relevant to the work to be done. Please refer to the Architectural Review Protocol for your community. Please check the appropriate boxes below

- | | |
|---|--|
| <input type="checkbox"/> Initial Plans and/or Specifications Attached | <input type="checkbox"/> Materials Designation Plan/Samples Attached |
| <input type="checkbox"/> Plans sealed and signed by Professional | <input type="checkbox"/> Landscape Plan/Vendor ID Attached |
| <input type="checkbox"/> Plans signed by Owner | <input type="checkbox"/> Diagram of Plat Map/Boundary Survey |

Please mail the completed application along with any supporting information to the Association

Incomplete applications will not be considered. Applications submitted by owners with outstanding use restrictions violations and/or delinquent amounts due to the Association will not be considered.

Owner's Signature: _____ **Owner's Signature:** _____

Date Reviewed by Property Manager: _____ Property Manager Signature: _____

_____ Meets current Community Guidelines and Community Standards **YES** **NO**

_____ Vendor Insurance License Information produced. (If required for request) **YES** **NO**

Property Manager Comments:

APPROVED APPROVED WITH CONDITIONS:

NOT APPROVED RECOMMENDATIONS:

AUTHORIZED SIGNATURE FOR THE ARCHITECTURAL CONTROL COMMITTEE

Date

- You are responsible for obtaining any necessary permits from the appropriate Building Department(s)
- Access to areas of construction is only allowed through your property and you are responsible for any damages done to the common areas during construction.
- The Architectural Review Committee shall have no liability or obligation to determine whether such improvement, alteration and addition comply with any applicable law, rule, regulation, code or ordinance. IT IS UNDERSTOOD AND AGREED THAT **TUSCANY WOODS COMMUNITY ASSOCIATION, Ameri-Tech Community Management** ARE NOT REQUIRED TO TAKE ANY ACTION TO REPAIR, REPLACE OR MAINTAIN ANY SUCH APPROVED CHANGE, ALTERATION OR ADDITION, OR ANY STRUCTURE OR ANY OTHER PROPERTY. THE HOMEOWNER AND ITS ASSIGNS ASSUMES ALL RESPONSIBILITY AND COST FOR ANY ADDITION OF CHANGE AND ITS FUTURE UPKEEP AND MAINENANCE.
- Work must be completed within twelve (12) months from the date of approval. If the approved work is not completed within twelve (12) months another alteration application must be submitted.

Explanation of Conditions:

Email to:

TuscanywoodsAAC@gmail.com