

VILLAGE ON THE GREEN I CONDO ASSOC
ARCHITECTURAL REVIEW COMMITTEE
REQUEST FORM

Name _____ Date Submitted _____

Address _____ Lot No. (if applicable) _____

City, State, Zip _____ Telephone #: _____

Description of desired change, addition or replacement with attached plans (if applicable) and specifications. Attach drawing showing placement of request (if applicable). Each project or item of request requires a separate form. Attach additional pages, pictures, etc. if needed.

Proposed Contractor (if applicable, known) _____

Any changes or replacements must be properly contracted for with a licensed and insured contractor and required permits obtained in compliance with all county codes and ordinances. (if applicable)

The applicant assumes complete responsibility for the requested change, addition or replacement. The applicant agrees to contact all utilities, cable, etc. prior to commencement of work (if applicable) and will be responsible for any and all damages that may be caused due to the requested change, addition, or replacement. The applicant is responsible and liable to the Condominium Association/Homeowners Association and any individual property owner for any actions of any and all contractors, trades or persons providing services to or on their property that may cause injury or damage.

Any approval of this request is provided by the Architectural Review Committee (ARC) as stipulated in the Association documents. The ARC does not have the authority to provide any exception or changes to or suspension of any Deed Restrictions. It is the responsibility and obligation of each applicant to insure that any and all actions are in compliance with any and all Deed Restrictions.

Please contact the Architectural Review Committee C/O Ameri-Tech Community Management Partners, LLC upon completion.

Owner(s) Signature _____ Date _____

Submit form to: Village on the Green I
OR C/O Ameri-Tech Community Management Partners LLC
Call for any 24701 US Highway 19 N., Suite 102
questions Clearwater, FL
727-726-8000

ARCHITECTURAL REVIEW COMMITTEE DECISION

_____ Approved _____ NOT Approved Date Received _____

Date Returned _____

Additional Information _____

ARC Representative Signature _____ Date _____