

Covered Bridge Townhomes Property Owners Association

Architectural Review Submittal Form

Instructions: Please complete this form and return with a copy of your alteration proposal drawing with dimensions.

Covered Bridge Townhomes Property Owners Association

c/o Ameri-Tech Community Management 24701 US Highway 19 N Suite 102

Clearwater, FL 33763 | Phone: (727) 726-8000 | Fax (727) 723-1101

APPLICATION FOR ALTERATIONS, INSTALLATIONS & LANDSCAPING CHANGES

Date: _____ 20 _____

Unit Owner Name(s): _____

Address: _____

Daytime Phone #: _____ Evening Phone #: _____

DESCRIBE IN DETAIL, THE TYPE OF ALTERATION AND MATERIALS YOU PROPOSE TO USE ON THE ARCHITECTURAL REVIEW FORM (Page 2).

An application requesting approval of any alteration which affects or modifies the existing exterior walls or exterior appearance of the building, and therefore in the common element, MUST BE ACCOMPANIED BY A DETAILED DRAWING INDICATING LOCATION, SIZE AND TYPE OF CONSTRUCTION, AND OR OTHER PERTINENT INFORMATION.

Include a site plan drawing and a description of materials to be used including any landscaping changes if they are a part of this proposal.

If approval is granted, it is not to be construed to cover approval of any governing codes or requirements. A building permit from the Pinellas County Building Department will be required on most property alterations or improvements. The owner is responsible for compliance with all code and permitting requirements.

As a condition precedent to granting approval of any request for a change, alteration or addition to an existing basic structure, that the application, the heirs and assigns thereto, hereby assume sole responsibility for the repair, maintenance or replacement of any such change, alteration, or addition. It is understood and agreed that the ASSOCIATION, et al are not required to take any action to repair, replace or maintain any approved change, alteration or addition, or any damage resulting there from for any reason to the existing original structure, or any other property. THE OWNER ASSUMES ALL RESPONSIBILITY AND COST FOR ANY ADDITION OR CHANGE, AND ITS FUTURE UPKEEP. Also, the homeowner acknowledges that the Association and Management Company will be held harmless from any liability arising there from; and indemnify them from all losses, costs, expenses and attorney's fee (s) in connection with any such addition to their home or surrounding area. APPROVAL PROCESS MAY TAKE 15 TO 30 CALENDAR DAYS.

Owners' Signature _____ Date _____

Owners' Signature _____ Date _____

- See conditions, special restrictions, unapproved modifications or explanation on the 2nd page of this form. Please contact your A.R.C. if you have any questions regarding the completion of this form.

COVERED BRIDGE TOWNHOMES PROPERTY OWNERS' ASSOCIATION, INC.

APPLICATION FOR ALTERATIONS, INSTALLATIONS & LANDSCAPING CHANGES

APPLICATION

Description of work to be completed:

Licensed electrician will install an exterior generator connection 30A outlet on the garage side-wall a
Couple of feet from the front wall of my unit. The outlet will be wired to a manual transfer/interlock
switch installed in the main service panel (breaker box) of my unit. The wiring will be routed in
conduit inside the my garage. All work will adhere to local electrical codes, and the electrician will
Arrange for an inspection and approval by the City of Dunedin.

Contractor: _____

License #: _____ Phone #: _____

PLANS & DRAWINGS ARE TO BE INCLUDED IF APPLICABLE (include site, elevation, details and specifications).
Please list attachments and anticipated dates for start and completion of the alterations.

Inspected by: _____ Date Inspected: _____

Notes: The recommended electrician is DIMI Electrical Services (part of the Ardan Group), 813-766-7491.
Exact placement of the exterior outlet will be determined by the electrician per code requirements. I've
Attached photos of an existing installation in the Covered Bridge community as representative of the final
Installation in my unit.

Architectural Review Committee Final Decision:

_____ Approved

_____ Disapproved

_____ Approved with conditions*

Conditions for Approval *: _____

A.R.C. Member Signature: _____

Date: _____ / _____ / _____

