

**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.

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:

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:

Architectural Review Committee Final Decision:

_____ Approved

_____ Disapproved

_____ Approved with conditions *

Conditions for Approval *:

A.R.C. Member Signature: _____ Date: _____ / _____ / _____

ALTERATION APPROVAL FORM

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ARCHITECTURAL REVIEW COMMITTEE AUTHORIZATION FORM

SATELITE DISH LOCATION _____	DOORS _____
WINDOW TINTING/Shutters _____	WINDOWS _____
HURRICANE SHUTTERS _____	SCREENS _____
LANDSCAPING _____	FENCE _____

OTHER: _____

The undersigned, in obtaining the approval for the additions/alterations to the building at COVERED BRIDGE TOWNHOMES POA, accepts full responsibility for any damage, upkeep, painting, etc., of areas affected by said addition/alteration. If addition/alteration is not maintained, the Board has the right to have approved items removed at the owner expense.

PRIOR TO INSTALLATION, YOU MUST OBTAIN WRITTEN APPROVAL FROM YOUR BOARD OF DIRECTORS, A COMPLETE DIAGRAM AND DIMENSIONS AND/OR TYPE MUST BE SUBMITTED ATTACHED TO WRITTEN REQUEST. Contractor/Manufacturer brochure should also be attached.

UNIT OWNER SIGNATURE _____

UNIT OWNER (PRINT) _____

DATE _____

ADDRESS _____

PHONE # _____

APPROVE _____

DISAPPROVE _____

RECOMMENDATIONS: _____

ARCHITECTURAL COMMITTEE _____

DATE _____

BOARD OF DIRECTORS: APPROVE _____

DISAPPROVE _____

SIGNATURE _____

DATE _____