***Indialantic Villas Condominium Association ARC Form***

SCPM Corporate Office

928 E. New Haven Ave Melbourne, FL  32901

Office (321) 733-3382 Fax (321) 733-0718 Toll Free (866) 454-4101

Email: **arc@towersmgmt.com**

Owner’s Name

Property Address Email

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (s) Home Cell Other Fax

In accordance with the Declaration of Covenants and Restrictions and the Association’s rules and regulations, installation must conform to this approval and the Association’s guidelines. I hereby request your consent to make the following changes, alterations, renovations and/or additions to my property.

( ) Fence ( ) Swimming Pool ( ) Screen Enclosure ( ) Patio ( **)** Landscaping

( ) Satellite Dish ( ) Painting ( ) Hurricane Shutters ( ) Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary Description**: (Please attach any additional required information).** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Attach two (2) copies of each of the following: Application, proposed plans and specifications; including property survey that shows the locations and dimensions of the proposed change, alteration, renovation or addition marked on the survey**.

**Note: Applications submitted without two (2) copies of the survey, drawings or color sample (paint chips with MFG name and number) will be considered incomplete. If an application is incomplete, it will not be processed and will be returned to you.**

**I hereby understand and agree to the following conditions:**

### No work will begin until written approval is received from the Association.

1. All work will be done expeditiously once commenced and will be done in a professional manner by a licensed contractor or myself. I agree to have all work complete within twelve (12) months or agree to re-apply if this cannot be accomplished.
2. All work will be performed timely and in a manner that will minimize interference and inconvenience to other residents.
3. I assume all liability and will be responsible for any and all damages to other lots and /or common area, which may result from performance of this work.
4. I am responsible for the conduct of all persons, agents, contractors, subcontractors and employees who are connected with this work. I will be responsible for verifying the license and insurance for any contractor.
5. I am responsible for complying with all applicable federal, state and local laws, codes, regulations and requirements in connection with this work. I will obtain any necessary governmental permits and approval for the work.
6. Upon receipt we will forward the ACC Application to the Association. A decision by the Association may take up to **30 days**. I will be notified in writing when the application is either approved or denied by the Association.
7. All work performed regarding any architectural approval is subject to verification by the ACC for compliance. Owner shall submit written notification to management when the modification is complete for inspection purposes.

**All homeowners are responsible for following the Declaration of Covenants and Restrictions along with the guidelines of the Association and any other Board approved rules or regulations when making any exterior modifications.**

####  Signature of Owner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Do NOT write below this line**

###  This Application is hereby: ( ) Approved ( ) Disapproved

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Comments/Stipulations to Approval/Reasons for Denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Received from Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailed to Assn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailed to Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_