## **Nottingham**

## **Application for Architectural Review Committee Consideration**

P.O.Box 52581, Sarasota, FL 34232

Homeowner Information:	
Name:	Phone
Address:	
Email address:	
Address where work is to be carr	ried out (if different than above)
	rk including specifications and dimensions of the work space in needed, please attach a separate sheet).
Please attach the following to this	s application: Place check next to attachments.
Signed professionally prepare proposed improvements, modific	ed plans, drawings and elevations accurately depicting the cations and/or alterations.
Accurate survey showing the improvements in relation to the I	proposed location of any new or additional Lot boundary lines and setbacks.
Proposed materials list along	with colors and/or samples of the materials proposed.
Name, address, telephone nu Contractor.	mber and license information concerning the proposed
Proposed schedule for comm	encing and completion.
All work must conform to all Zon obtaining necessary permits after	ing and Building Regulations. Owners are responsible for ARC approval.
Home Owner Signature:	Date: