

ARCHITECTURAL REQUEST FORM - LAKES HOMEOWNERS UNIT I ASSOCIATION

To ensure Community integrity and appeal, it is necessary for everyone to cooperate in completing this application for any exterior changes that one may wish to do, pursuant to your Association documents.

Property Owner(s): _____

Property Address: _____

Telephone: Home _____ Work/Cell _____

In accordance with the Association Documents, I am hereby requesting written approval for the following:

() Painting () Patio () Landscaping () Fence () Storm Door () Light Fixture () Windows

() Other _____

Diagrams/Dimensions/Plot Plans: Permit and all other requirements by Government Agencies are REQUIRED and the sole responsibility of the Home/Lot Owner (Please provide drawing)

Description of change: _____

Materials (Include grade or quality): _____

Types of Plantings: _____

Dimensions: _____

The review and approval of plans are based solely upon conformity with the Declaration of the Association Documents, Board Approval, applicable Law, and shall be guided by the extent to which product will insure conformity and harmony with the exterior of the Community. The Board/Committee is not responsible for any issues regarding the performance of any product such as warranties, security, etc.

This application does not exempt you from, obtaining any County/City permits, observance of setbacks and easements, and from contacting Utility/Telephone Companies, if relevant to the change desired – Web - <http://www.sunshine811.com/>, Telephone - (800) 432-4770, or 811 – Call Before You Dig. **You (the Owner) are responsible for any damage to water lines, sprinkler lines, utility line, etc.**

The City of Pinellas Park, building permits, must be contacted. If a permit is required, please enter permit number:

_____. **If the City of Pinellas Park was contacted and they advised no permit was required, please enter name and phone number and extension of contact at the City of Pinellas Park.**

Pinellas Park employee: _____; Pinellas Park contact phone number: _____

If using a Contractor for said work, please furnish us with the following information:

Name of Contractor: _____

Address of Contractor: _____

Telephone: _____ License #: _____ Permit #: _____

Date Work to begin: _____ Date of Completion: _____

Property Owner Signature(s): _____

ARCHITECTURAL REVIEW ACTION

Approval _____ Approval Date _____

Approval With Conditions _____ Date _____

Denial _____ Date _____

Authorized Signature: _____