UNIVERSITY GROVES ESTATES RESERVEASSOCIATION, INC. c/o COMMUNIQUÉ

5824 Bee Ridge Road #413, Sarasota, FL 34233 (941) 706-0920

Maureen@communiquemgmt.com

Date of application______ Is this a resubmittal of a previous request? YES / NO
The Undersigned property owner seeks approval from the Architectural Review Committee (ARC) as
follows: (circle all that may apply): Pool/Spa Brick Pavers Satellite Receiver Fence Lanai Extension

Screen Enclosure Changing House Color Gutters Landscaping Play Equipment - Any type of

ARCHITECTURAL MODIFICATION REQUEST FORM

Ou	tdoor Alterations to the appearance of the property, Other:
Gen	eral description of proposed project: (colors, style, plantings or removal, any changes to the appearance, etc.)
1)	At the time of the initial request the homeowner needs to include a copy of the current lot survey with alterations clearly marked with dimensions of proposed project/s
2)	2) Detailed specifications for the proposed project . (i.e. Drawings of proposed work, Photos, Color Samples, Manufacture Cut Sheets, Who is doing what kind of work? Etc.)
3)	If a Manatee County Permit is required and the County requires any changes to this project the homeowner is required to resubmit the request to the Architectural Review Committee.
4)	Please allow up to 30 days to receive a reply from the Architectural Review Committee.
sol hei wii ha	e undersigned property owner hereby acknowledges and agrees that the undersigned shall be lely responsible for determining whether the improvements, alterations or additions described rein comply with all applicable laws, rules and regulations, code, and ordinances: including, thout limitation, zoning ordinances, subdivision regulations, and building codes. The ARC shall we no liability or obligation to determine whether such improvements, alterations and additions mply with any such laws, rules, regulations, codes or ordinances.
SIG	NATURE OF OWNER: PRINTED NAME:

STREET ADDRESS: _

EMAIL:

_____ PHONE: (Cell) __

(Home)

ACTION OF ARCHITECTURAL REVIEW COMMITTEE		
AR Committee' response -		
AK committee Tesponse -		
Response Date	Chairperson of the Architectural Review Committee	
ADDITIONAL ACTION	OF ARCHITECTURAL REVIEW COMMITTEE – IF NEEDED	
AR Committee' response -		
an committee response		
Response Date	Chairperson of the Architectural Review Committee	
ADDITIONA	AL ACTION REQUIRED BY THE HOMEOWNER	
	he approved project, the property owner must contact Maureen at the	
	ommuniquemgmt.com in order for this project to be reviewed for	
	d request form. The committee will be inspecting the surrounding	
area to insure any damage th	nat may have happened during construction was properly restored.	

Inspection Date _____ Inspected By _____