

REQUEST FOR ARCHITECTURAL APPROVAL

This is a request form to be completed by the homeowner and submitted to the (ARC) Architectural Review Committee for approval **BEFORE** any work commences. Please complete in it's entirety and mail to: Carolina Landings C/O Communique' Association Management

5824 Bee Ridge Rd. Sarasota, Fl. 34233 #413

Telephone 941-706-0920

THIS SECTION TO BE COMPLETED BY THE HOMEOWNER

NAME: _____ DATE _____

ADDRESS: _____

PHONE (HOME) _____ WORK _____

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Describe the change/addition/installation: completion date required. Arc will inspect all changes within 5 days of completion date. _____

SPECIFICATIONS : must attach a copy of the plans, suitable drawing, or picture

DIMENSIONS: _____

MATERIAL(S): _____

COLORS(S) (sample or color chip - must be provided): _____

Note: all request must conform to the local zoning and building regulations and you must obtain all necessary permits if your request is approved. Copy(s) of permit(s) to be provided for your file.

This section to be completed by the architectural committee

Date received _____ date approved _____ date denied _____

ARC signatures: _____

ARC comments: _____

Date project is to be completed _____

ARC Inspectors date final inspection _____

Date received by Communique'
Association Management

Date sent to ARC

Date sent to HO