

REQUEST FOR ARCHITECTURAL APPROVAL

This is a request form to be completed by the homeowner and submitted to the Architectural Control Committee for approval BEFORE any work commences. Please complete it in its entirety, include all required items and to Fairway Six HOA c/o CAMS by Stacia 1800 2nd St Suite 853 Sarasota Florida 34236 or via email at office@cam-ss.com

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THIS SECTION TO BE COMPLETED BY HOMEOWNER

NAME: _____ LOT# _____

ADDRESS _____

PHONE (HOME) _____

WORK/CELL _____

DESCRIBE THE CHANGE/ADDITION/INSTALLATION (i.e. Windows, Roofs, Driveway, Landscaping Etc.)

LOCATION (ATTACH A COPY OF THE PLOT PLAN/SURVEY SHOWING THE LOCATION OF THE ADDITION OR INSTALLATION – MUST BE PROVIDED)

SPECIFICATIONS (ATTACH A COPY OF THE PLANS, CONTRACT OR SUITABLE DRAWING OR PICTURE – MUST BE PROVIDED)

DIMENSIONS

MATERIALS – (ROOFING MATERIALS MUST BE CERTAINTED LANDMARK SERIES)

COLOR (ROOFING COLOR MUST BE WEATHERED WOOD)

ESTIMATED TIME OF COMPLETION

NOTE: ALL REQUESTS MUST CONFORM TO THE LOCAL ZONING AN BUILDING REGULATIONS AND OWNERS ARE RESPONSIBLE FOR OBTAIN THE NECESSARY PERMITS IF YOU REQUEST IS APPROVE

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REQUEST DATE APPROVED

DATE DENIED

AUTHORIZED BOARD SIGNATURE OF APPROVAL

ACC SIGNATURE _____ **RECOMMENDATION: Approve** __ **Deny** __

ACC COMMENTS OR CONDITIONS
