

REQUEST FOR ARCHITECTURAL APPROVAL

Key Point Village

c/o CAMS by Stacia, 1800 2nd St. Suite 853 , Sarasota, FL 34236

Complete entire form and forward to:

office@cam-ss.com / Phone: 941-315-8044 Fax: 941-870-8490

THIS SECTION TO BE COMPLETED BY THE HOMEOWNER

DATE: _____

NAME: _____ SIGNATURE: _____

UNIT ADDRESS: _____

PHONE (HOME) _____ (WORK) _____

(CELL) _____ Email Address _____

DESCRIBE THE CHANGE/ADDITION/INSTALLATION: (i.e. doors, windows, etc.)

LOCATION AND DESCRIPTION OF WORK:

SPECIFICATIONS: **(ATTACH A COPY OF THE PLANS OR SUITABLE DRAWING OR PICTURE MUST BE PROVIDED)** Describe specific materials, colors, etc. to be used. Include complete information such as window type, tint color, wind specifications, etc. (Your contractor will have this information.)

DIMENSIONS: _____

MATERIAL (S): _____

CONTRACTOR: _____

LICENSE: _____

LIABILITY INSURANCE: _____

WORKERS COMPENSATION INSURANCE: _____

ESTIMATED TIME OF COMPLETION: _____

Certificates of insurance for liability and workers compensation and applicable professional licenses MUST accompany this application. All certificates must name Key Point Village as the certificate holder.

NOTES:

Owners are responsible for the work/action of persons under their employ, direction or authority. Please supervise the work to ensure that damage to common areas does not occur or is corrected. All waste from the work must be removed by the contractor and is not permitted in the Association dumpsters. There is to be no work after 5:00 PM.

All requests must conform to the local zoning and building regulations. Owners are responsible for obtaining the necessary permits, if your request is approved.

THIS SECTION TO BE COMPLETED BY MANAGEMENT OR BOARD OF DIRECTORS

REQUEST: DATE APPROVED _____ DATE DENIED _____

AUTHORIZED SIGNATURE: _____

Comments or Conditions: _____
