

**REQUEST FOR ARCHITECTURAL APPROVAL  
PALM AIRE AT DESOTO LAKES CC CONDO  
c/o CAMS by Stacia, 1800 2<sup>nd</sup>. Street, Suite 853, Sarasota, FL 34236**

**Complete entire form and forward to:**

**[office@cam-ss.com](mailto:office@cam-ss.com) / Phone: 941-315-8044 Fax: 941-870-8490**

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**THIS SECTION TO BE COMPLETED BY THE HOMEOWNER FOR PROPOSED WORK**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**UNIT ADDRESS:** \_\_\_\_\_

**PHONE (HOME)** \_\_\_\_\_ **(WORK)** \_\_\_\_\_

**(CELL)** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**DESCRIBE THE CHANGE/ADDITION/INSTALLATION/COLOR: (doors, windows, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOCATION AND DESCRIPTION OF WORK:**

\_\_\_\_\_  
\_\_\_\_\_

**SPECIFICATIONS:**

**ATTACH A COPY OF THE PLANS/CONTRACTOR ESTIMATE OR SUITABLE DRAWING OR PICTURE OF THE PROPOSED AREA TO BE RENOVATED.**

**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/COLOR (S):** \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_

**LICENSE:** \_\_\_\_\_

**LIABILITY INSURANCE:** \_\_\_\_\_

**WORKERS COMPENSATION INSURANCE:** \_\_\_\_\_

**ESTIMATED TIME OF COMPLETION:** \_\_\_\_\_

Certificates of insurance for liability, workers compensation and applicable professional licenses **MUST** accompany this application. All certificates must name Palm Aire at Desoto Lakes CC Condo 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 6:00 PM.**

**All work must conform to the local zoning, building regulations and the local Jurisdiction with Authority, who will determine if a Building Permit and/or a licensed contractor is necessary to complete the proposed work. Owners are responsible for seeking the necessary permits and employing Licensed contractors if deemed necessary by the local Jurisdiction with Authority (Manatee County Building Department).**

**The undersigned owner(s) agree to bear the cost of all materials and labor for this alteration. Furthermore, the undersigned in consideration of granting said approvals, does/do for myself/ourselves, my/our heirs, personal representative(s), successors, and assigns hereby agree to indemnify said Association, its successors and assigns against any and all claims arising from the granting of said approvals or the implementation of said alterations, and shall be responsible to (i.e. for), and shall maintain the alterations, including, but not limited to, the exterior thereof, at all times in good order and appearance and in strict accordance with the uniform specifications as adopted by the Association.**

**Owners attestation of above: (All owner(s) of record must sign)**

**Signed/Dated: Unit Address .....**

**Signed/Dated: Unit Address .....**

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**THIS SECTION TO BE COMPLETED BY MANAGEMENT OR BOARD OF DIRECTORS**

DATE APPROVED \_\_\_\_\_ DATE DENIED \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

Comments or Conditions: \_\_\_\_\_