

**REQUEST FOR ARCHITECTURAL APPROVAL
PINE BAY FOREST COA
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 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 Pine Bay Forest as the certificate holder.

NOTES:

Owners are responsible for the work/action of persons under their employment, 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 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 and in accord with Article 7.2(B) and 13.3 of the Condominium Owners Association of Pine Bay Forest, Inc. Declaration.

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

Signed/Dated: Unit #

Signed/Dated: Unit #.....

THIS SECTION TO BE COMPLETED BY MANAGEMENT OR BOARD OF DIRECTORS

DATE APPROVED _____ DATE DENIED _____

AUTHORIZED SIGNATURE: _____

Comments or Conditions: _____

PLEASE NOTE: For interior alterations only (e.g. loft) the following must be completed by an adjoining unit owner(s) affected by the proposed alterations.

The undersigned owner(s) of the affected Unit # _____ of the Pine Bay Forest Condominium, Bradenton, Florida give(s) my/our approval in accord with Article 7.2 (B(1) of the Declaration of Condominium, of the proposed interior alteration(s).

The execution of this approval expressly waives any and all claims which I/we, my/our heirs, personal representative(s) and assigns may now or in the future have against the Condominium Owners Association of Pine Bay Forest, Inc., its successors and assigns, occurring to the undersigned by virtue of the Board of Directors of said Association joining in the approval of said alteration(s) in accord with said Article 7.2 (B(1)).

The undersigned expressly reserve(s), however, any claims which may accrue to myself/ourselves against said owner(s) of above proposed altered unit, or his/their agents, successors and assigns based upon damages resulting from the implementation of said alteration(s).

Dated this _____ Day of _____, 20____.

(All owner(s) of record must sign)

Signed: _____ Unit # _____
Signed: _____ Unit # _____