

LIGHTHOUSE COVE AT HERITAGE HARBOUR COMMUNITY ASSOCIATION, INC.

c/o Allure Property Management, Inc.

5317 Fruitville Road, Suite 228

Sarasota, Florida 34232

941-373-6713 (tel) 941-373-6792 (fax)

ARCHITECTURAL MODIFICATION REQUEST

DATE OF APPLICATION: _____

Is this application a re-submittal of a previous application? Yes / No

THE UNDERSIGNED OWNER SEEKS APPROVAL OF THE ARCHITECTURAL REVIEW COMMITTEE (ARC) AS FOLLOWS:

(Circle all that apply): Pool/Spa Screen Enclosure Satellite Fence Painting Landscaping
Playset/Swingset Basketball Equipment New Construction Other

DETAILED DESCRIPTION OF PROJECT (dimension, color, style, etc): _____

(Continue on Back of Sheet if Necessary)

INCLUDED WITH THIS APPLICATION (please circle all that apply):

- 1) Copy of Official Lot Survey (Please indicate on lot survey where alterations will be located on Property)
- 2) Specifications for Alteration (i.e. Color Swatches, Material Sample, Brochures, Photographs, Drawings)

The undersigned property owner hereby acknowledges and agrees that the undersigned shall be solely responsible for determining whether the improvements, alterations or additions described herein comply with all applicable laws, rules and regulations, code, and ordinances; including, without limitation, zoning ordinances, subdivision regulations, and building codes. The ARC shall have no liability or obligation to determine whether such improvements, alterations and additions comply with any such laws, rules, regulations, codes or ordinances.

SIGNATURE OF OWNER: _____ **Printed Name:** _____

STREET ADDRESS: _____ **Lot Number:** _____ **Block:** _____

EMAIL: _____ **TELEPHONE:(H)** _____ **(W)** _____

PLEASE ALLOW UP TO 30 DAYS TO RECEIVE A REPLY FROM THE ARC

ACTION OF COMMITTEE

RECOMMEND APPROVAL WITH CONDITIONS: _____

REQUEST DENIED FOR THE FOLLOWING REASON: _____

DATE

CHAIRPERSON, ARC

At the time of completion of the project, the Owner must contact the management company in order for the project to be reviewed for compatibility to the approved Modification Request and for damages to common elements that may have occurred during construction.

Date of Inspection Request: _____ VIA: email first class mail fax telephone in person

Inspected by: _____ Date: _____

Notes/Comments: _____

ADDITIONAL INFORMATION FROM FRONT OF FORM: