

SANDAL COVE ASSOCIATION, INC. CONDO I ALTERATION APPLICATION

OWNER'S NAME:	DATE:	
ADDRESS:	PHONE:	
Community Name	EMAIL:	
DESCRIBE IN DETAIL, TYPE OF ALTERATION AND MATER	IALS TO BE USED:	

(IF MORE SPACE IS REQUIRED, PLEASE ATTACH TO THIS FORM. THANK YOU)

An application requesting approval for any alteration which occurs outside the exterior walls of the building, <u>MUST BE</u> <u>ACCOMPANIED BY A COPY OF YOUR LOT SURVEY WITH A SKETCH INDICATING LOCATION, SIZE, AND</u> <u>TYPE OF CONSTRUCTION, ALL APPLICABLE CONTRACTOR PROPOSALS, AND ANY OTHER PERTINENT</u> <u>INFORMATION AS MAY BE NECESSARY.</u>

If approval is granted, it is not to be construed to cover approval of any County or City Code Requirements. A building permit from the appropriate building department is needed on most property alterations and/or improvements. The Architectural Control Committee shall have no liability or obligation to determine whether such improvement, alteration and addition comply with any applicable law, rule, regulation, code or ordinance.

As a condition precedent to granting approval of any request for a change, alteration or addition to an existing basic structure, the applicant, their hires and assigns thereto, hereby assume sole responsibility for the repair, maintenance or replacement of any such change, alteration or addition. IT IS UNDERSTOOD AND AGREED THAT YOUR **HOMEOWNERS ASSOCIATION AND AMERI-TECH COMMUNITY MANAGEMENT**, ET AL, ARE NOT REQUIRED TO TAKE ANY ACTION TO REPAIR, REPLACE OR MAINTAIN ANY SUCH APPROVED CHANGE, ALTERATION OR ADDITION, OR ANY STRUCTURE OR ANY OTHER PROPERTY. THE HOMEOWNER AND ITS' ASSIGNS ASSUMES ALL RESPONSIBILITY AND COST FOR ANY ADDITION OR CHANGE AND ITS FUTURE UPKEEP AND MAINTENANCE.

DATE:______ OWNER'S SIGNATURE:_____

ACTION TAKEN BY THE ASSOCIATION:

DATE: ______ APPROVED: _____ NOT APPROVED: _____



IMPORTANT INFORMATION FOR ALTERATION APPLICATIONS

The accompanying application form must be completed, and must be signed by all owners of the property. Please review the Declaration of Covenants, Conditions and Restrictions for a complete description of your responsibilities regarding Architectural Control Committee requirements and submittals.

You may return this application and accompanying documentation, if any, to Ameri-Tech Community Management, 24701 US Hwy 19 N, Ste 102, Clearwater, FL 33763, Phone (727) 726-8000, fax (727) 723-1101.

The association will act upon your application. When your application is acted upon, you will be notified.

<u>Under no circumstances is any alteration to begin without the proper approval of your</u> <u>Association</u>.

If you have any questions, please contact the property manager, Jenny Kidd via email at <u>jkidd@ameritechmail.com</u> or call her at (727) 726-8000 ext 247.

THANK YOU FOR YOUR COOPERATION. BOARD OF DIRECTORS