

VIVIENDA WEST CONDOMINIUM ASSOCIATION (VWCA)

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VWCA ARCHITECTURAL REVIEW COMMITTEE (ARC) GENERAL REQUEST FORM

UNIT OWNER'S NAME: _____ DATE: _____

PHONE: _____

ADDRESS: _____ UNIT #: _____

E-MAIL ADDRESS: _____

Approval is hereby requested for the following modification(s), addition(s) and/or alterations as described below and on attached pages. Circle all that apply:

TYPE OF ALTERATION:

Table with 4 columns: Alteration Type, Doors, Windows, Lanai. Rows include PAINTING, DOOR REPLACEMENT, GUTTERS/DOWNSPOUTS, LANAI ENCLOSURES, SKYLIGHTS, *UNIT PLANTING AREA, *WITHIN UNIT BOUNDARY, *OUTSIDE UNIT BOUNDARY, FLAG POLES, OTHER.

Note: * Reference Association Landscape Documents for approved items in these categories.

The Unit Boundary for each unit is a 60'X62' area detailed in Exhibit A of the Association's Declaration of Condominium document and in your Deed.

APPROVALS ARE SUBJECT TO THE FOLLOWING CONDITIONS:

- 1. There can be no encroachment on unit boundaries and no impact to neighboring units.
2. Modifications required to any utility, i.e., drainage, irrigation, cable lines, etc. must be identified and acceptable alternatives provided.
3. Modifications must conform to standards established by governing documents.
4. Existing utility modifications, if required, are to be done by an approved Association contractor.
5. Structural item alteration must conform to established color patterns and styles.
6. Contracted work is to be done by an insured and Florida State licensed contractor.
7. Documentation identified below is provided.

PLEASE DESCRIBE IN DETAIL, THE TYPE OF ALTERATION AND MATERIALS TO BE USED INCLUDING LOCATION, DIMENSION, COLOR, STYLE, etc.

Reference the Association’s Governing Documents and Landscape Documents for guidance on acceptable materials, color, and style for new or replacement items requested.

Please provide the following documentation:

1. Initial plans, proposal and/or detailed specifications of work to be done.
2. Material samples and/or documentation of materials, such as brochures.
3. Photos of items to be replaced or area being modified clearly identified.
4. Detailed diagrams of building, planting area, common landscape or irrigation modifications, if any.
5. **A copy of the contractor’s license and proof of insurance if work is contracted.**

Note: Alterations to original building structures or within the unit footprint maintained by the Association must be performed by a licensed contractor.

Name of Contractor & Sub-Contractor (if any) Performing the Work:

ESTIMATED START DATE _____ ESTIMATED COMPLETION DATE _____

The Architectural Review Committee (ARC) and Board of Directors shall have no liability or obligation to determine whether such improvement, alteration and/or addition complies with any applicable law, rule, regulation, code, or ordinance.

The applicant/unit owner holds the Association and its management agent harmless if the applicant plans on completing the improvements himself/herself.

APPROVED BY BOARD OF DIRECTORS: _____ DATE APPROVED: _____