

Ashton Palms

HOMEOWNERS ASSOCIATION, INC.

ALTERATION APPLICATION

OWNER'S NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

E-MAIL ADDRESS: _____

DESCRIBE IN DETAIL, TYPE OF ALTERATION AND MATERIALS TO BE USED: _____

IF MORE SPACE IS REQUIRED, PLEASE ATTACH TO THIS FORM

An application requesting approval for any alteration which will affect the exterior appearance of the home and/or yard must be accompanied by all of the following:

- 1. A COPY OF YOUR LOT SURVEY INDICATING WHERE THE CHANGES WILL TAKE PLACE**
- 2. A SKETCH INDICATING LOCATION, SIZE AND TYPE OF CONSTRUCTION**
- 3. A CONTRACTOR'S ESTIMATE SHOWING STYLE, COLOR, HEIGHT OR ANY ADDITIONAL INFORMATION NECESSARY.**
- 4. ENSURE THAT REQUESTS COMPLY WITH THE DEED RESTRICTIONS SET FORTH IN THE GOVERNING DOCUMENTS.**

The ARC shall have 30 business days from submittal of a full and complete alteration package within which to review and approve or reject the submitted request.

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 Review 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. This is the responsibility of the homeowner.

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 ASHTON PALMS HOMEOWNERS ASSOCIATION, INC. AND SUNSTATE MANAGEMENT, 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: _____

Please send your signed and completed application for approval by mail or e-mail.

**Mail: Sunstate Management.
PO BOX 18809
Sarasota, FL 34276**

E-mail: Brian@sunstatemanagement.com

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ACTION OF COMMITTEE

_____ Recommend Approval as Requested

_____ Request Denied for the following reasons

_____ Date

_____ Authorized Signature for the Architectural Review Committee