

# Request For Architectural Approval Palma Sola Trace HOA

This is a request form to be completed by the homeowner and submitted to the (ACC) Architectural Control Committee for approval **BEFORE** any work commences. Please complete it in its entirety and deliver to ACC or mail to C&S. The address is: Palma Sola Trace Villas HOA, c/o C&S Condominium Management Services, Inc., 4301 32<sup>nd</sup> Street West, Suite A-20, Bradenton, FL 34205. Telephone (941) 758-9454. Fax: (941) 758-3062. E-mail to : [ACC@PalmaSolaTrace.org](mailto:ACC@PalmaSolaTrace.org). Attention Architectural Control Committee.

## This Section To Be Completed By The Homeowner

NAME: \_\_\_\_\_ LOT# \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ E-MAIL \_\_\_\_\_  
PHONE (HOME): \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

Request For Change       Landscape Revision       Modification Review

**DESCRIBE THE CHANGE/ADDITIONS/INSTALLATION:** (i.e. pool, screen enclosure, patio, landscaping, sidewalk/driveway pavers, etc.)

GIVE DESCRIPTION: \_\_\_\_\_

**LOCATION:** (ATTACH A COPY OF PLOT PLAN/SURVEY SHOWING THE LOCATION OF THE ADDITION OR INSTALLATION -

**(MUST BE PROVIDED)** - GIVE DESCRIPTION: \_\_\_\_\_

**SPECIFICATIONS:** (ATTACH A COPY OF THE PLANS OR A SUITABLE DRAWING OR PICTURE - **(MUST BE PROVIDED)**)

DIMENSIONS: \_\_\_\_\_

MATERIAL (S): \_\_\_\_\_

COLOR (S) (SAMPLE OR COLOR CHIP - **MUST BE PROVIDED**): \_\_\_\_\_

COMPANY/INDIVIDUAL TO PERFORM WORK: \_\_\_\_\_

ESTIMATED TIME OF COMPLETION: \_\_\_\_\_

OWNERS PRINTED NAME & SIGNATURE: \_\_\_\_\_

**NOTE: The property owner hereby acknowledges that he/she 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 ACC shall have no liability or obligation to determine whether such improvements, alterations and additions comply with any such laws, rules, codes or ordinances.**

## This Section To Be Completed By The Architectural Control Committee

REQUEST: DATE APPROVED: \_\_\_\_\_ DATE DENIED: \_\_\_\_\_

CHAIRPERSON, ACC: \_\_\_\_\_

(ACC) COMMENTS OR CONDITIONS: \_\_\_\_\_

DATE RECEIVED BY ACC: \_\_\_\_\_ SENT TO HOA: \_\_\_\_\_ SENT TO HOMEOWNER: \_\_\_\_\_