
SOUTH FORK OF HILLSBOROUGH COUNTY III ALTERATION APPLICATION



An application requesting approval for any alteration which occurs outside the exterior walls of the dwelling **MUST BE ACCOMPANIED BY THE FOLLOWING FOR CONSIDERATION:**

- Copy of the **lot survey** with the proposed alteration(s) drawn on it
- Legible sketch and/or drawing indicating location, size and type of construction
- Contractor information (Proposal or Estimate with License and Insurance)
- Color swatches / samples
- Pictures
- Materials
- Detail description of alteration (Page 2 of form)
- Other pertinent information as required

\$100 FINE IF WORK IS STARTED AND OR COMPLETED BEFORE APPROVAL

It is recommended that you review the Declaration of Covenants, Conditions and Restrictions provided for a complete description of your responsibilities regarding Architectural Review requirements and submittals. Please e-mail your completed application to our general inbox at CFarc@fsresidential.com, Attn: Architectural Review or to our management office FirstService Residential 2870 Scherer Dr. N #100 St. Petersburg, FL 33716. You will be notified via e-mail (Please provide at the bottom of this page where indicated) with the decision made by the Association and/or the Architectural Review Board. Pursuant to the Declaration of Covenants, Conditions and Restrictions of your Homeowners' Association, your application process may take thirty (30) to forty-five (45) days. Please plan accordingly.

If approval is granted, it is not to be construed to include 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. It shall be the sole responsibility of the owner to determine whether a permit is required. The Association and/or the Architectural Review Board shall have no liability or obligation to determine whether such improvement, alteration or addition complies with any applicable law, rule, regulation, code or ordinance.

HOMEOWNER'S ASSOCIATION: _____

OWNER'S NAME: _____ DATE: _____

OWNER'S NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ WORK: _____

MOBILE: _____ EMAIL: _____

DESCRIBE ALTERATION IN DETAIL:

1. Alteration Type(s): _____

(Example: Pool Installation, fence install, screen enclosure, landscape alteration, house painting, etc.)

2. Type of Material(s) Used: _____
(Example: PVC fencing, stone pavers, aluminum framing, red fountain grass, exterior paint, etc.)

3. Color(s) of Materials Used: _____
(Provide sample of color.)

4. Details of Alteration(s): _____

(If more space is required, please attach another sheet to this form)

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 MY HOMEOWNERS' ASSOCIATION AND COMMUNITY ASSOCIATION MANAGEMENT SERVICES, LLC (CAMS) ARE NOT REQUIRED TO TAKE ANY ACTION TO REPAIR, REPLACE OR MAINTAIN ANY SUCH APPROVED CHANGE, ALTERATION, ADDITION, OR ANY STRUCTURE AND OTHER PROPERTY. THE HOMEOWNER AND ITS ASSIGNS ASSUME ALL RESPONSIBILITY AND COST FOR ANY ADDITION, CHANGE AND ITS FUTURE UPKEEP AND MAINTENANCE. I agree not to commence with any change, alteration, additions and/or improvements to the dwelling/lot as stated above until the Association or the Architectural Review Board notifies me in writing of their decision. I further acknowledge that I am responsible for removing and restoring any alteration not approved by the Association or the Architectural Review Board to its original state.

OWNER'S SIGNATURE: _____ DATE: _____

OWNER'S SIGNATURE: _____ DATE: _____

For Office Use Only	
ACTION TAKEN By the Association/Architectural Review Board:	
Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Conditions of Approval: _____ _____ _____	
_____ Authorized Approving Representative Name	_____ Authorized Representative Signature