

SHORELINE TERRACES I ASSOCIATION, INC.
ARCHITECTURAL REVIEW COMMITTEE

Application Instructions

1. Complete entire form.
2. Submit copies of any drawing or blueprints to be approved.
3. Work shall **NOT** commence until application is approved.
4. Approved applications shall **NOT** be altered.
5. Contractors employed must provide Certificate of Liability Insurance/Workers' Compensation when required by law.
6. Owner is responsible for making sure all required permits are obtained prior to commencement of any work.

7. Sign & return to:

c/o Sunstate Management Group

P.O. Box 18809

Sarasota, FL 34276

Ph. (941)870-4920

nicole@sunstatemanagement.com

SHORELINE TERRACES I ASSOCIATION, INC.
ARCHITECTURAL REVIEW COMMITTEE
APPLICATION FOR ALTERATIONS

Name(s) of Owner(s): _____

Address of Property: _____

Phone: _____ E-Mail: _____

I/We, being members of SHORELINE TERRACES I ASSOCIATION, INC, hereby request the Board approve the following described construction, improvement or other alteration to my/our property:

(Attach additional sheets, if necessary)

I am/We are submitting herewith the following supporting documents:

_____ **Specifications of the construction, improvement or alteration**

_____ Color and samples

_____ Manufacturer's promotional material

_____ Pictures

_____ Other

By this request, I/We, as owner(s) assume full responsibility for any and all required permitting, verification of contractor licensing and workers' compensation insurance (if required by law), arborist approval for tree removal, conformity, installation, maintenance, replacement and cost of the above work. I/We further agree to indemnify and hold harmless SHORELINE TERRACES I ASSOCIATION, INC., any member of its committees, or any employee or agent for any claims arising out of this action. I will notify Sunstate Management within 14 days of the completion of improvements requested and understand that a final ARC inspection will be made within 30 days thereof to verify compliance.

Signature _____ Signature _____

Print Name _____ Print Name _____

Date Submitted _____

~For Official Use Only~

ARC/Agent Signature _____ Date Approved or Denied (Circle one) _____

Reason for Denial _____