

VIVIENDA WEST CONDOMINIUM ASSOCIATION (VWCA)

c/o Sunstate Management Group, Inc., P.O. Box 18809, Sarasota, FL 34276
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VWCA ARCHITECTURAL REVIEW COMMITTEE (ARC) REQUEST FORM

UNIT OWNER'S NAME: _____ DATE: _____

PHONE: _____

ADDRESS: _____ UNIT #: _____

E-MAIL ADDRESS: _____

Circle Type of Change: Change to Common Area Change to Unit Exterior

TYPE OF ALTERATION:

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:

PAINTING	Doors	Windows	Exterior Lanai
DOOR REPLACEMENT	Screened Door/Entry	Side Door	Garage Door
DRIVEWAYS	*Driveway Pad		
GUTTERS/DOWNSPOUTS	New	Replacement	
LANAI ENCLOSURES	Screen Replacement	Windows Replacement	Kick Panels
*SKYLIGHTS	New	Replace	
*SOLAR PANELS / ENERGY SAVING DEVICES	New	Replace	
LANDSCAPE COMMON AREA	New Tree/Shrub	Replacement Tree/Shrub	
UNIT OWNER PLANTING AREA	Border Edging	Coverage Material	
BUILDING FOOTPRINT	Modification		
FLAG POLES	New	Replacement	
OTHER:			

*Note: * Indicates requires a VWCA Member's Meeting providing 14 days' notice to all members

UNIT OWNERS SHOULD BE AWARE THAT APPROVALS ARE SUBJECT TO THE FOLLOWING:

1. There can be no encroachment on unit boundaries.
2. Identify impact to existing utility, i.e. Drainage, irrigation, water meters, water lines, sewer lines, electric, etc. and provide an acceptable alternative, i.e. Alternative irrigation, rerouting of cables or water lines, etc.
3. There can be no impact to neighboring units.

Name of Contractor & Sub-Contractor (if any) Performing the Work, i.e. Home Depot / XYZ Company:

PLEASE DESCRIBE IN DETAIL, THE TYPE OF ALTERATION AND MATERIALS TO BE USED INCLUDING LOCATION, DIMENSION, COLOR, STYLE, etc. Add a page & brochures if necessary.

Specifications of the alteration (i.e. size, color, type of material) and a diagram or site plan are required as other documentation relevant to the work to be done. **Please check and attach all that apply:**

- Initial Plans, proposal and/or specifications Diagram of work area
- Materials samples and/or documentation
- Landscape/Irrigation Plan
- Photos
- The work will be performed by a contractor. **(Please provide a copy of their license and proof of insurance.)**
- The work will be performed by the Unit Owner.

ESTIMATED START DATE _____ ESTIMATED COMPLETION DATE _____

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

The applicant/unit owner holds the Association and its management agent harmless in the event that the applicant plans on completing the improvements themselves.

Unit Owner's Signature: _____ Date: _____

ARC USE ONLY - Please circle Yes or No

Meets current Community Guidelines and Community Standards.	YES	NO	
Vendor Insurance and License Information provided (if required for request)	YES	NO	N/A

Architectural Review Committee Action

Recommend Approval Recommend Approval with Conditions (below) Recommend Denial (below)

Architectural Review Committee Chair Signature

Date

Explanation of Approval Conditions:

Explanation of Denial:

ONCE COMPLETED BY ARC, PLEASE FORWARD TO THE BOARD OF DIRECTORS AND THE PROPERTY MANAGER.

APPROVED BY BOARD OF DIRECTORS: _____ DATE APPROVED: _____