

*VVYIENDA WEST CONDOMINIUM ASSOCIATION (VWCA)*

c/o Sunstate Management Group, Inc., P.O. Box 18809, Sarasota, FL 34276  
Tel: 941.870.4920 / Fax: 941.870.9652

**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	
SKYLIGHTS	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.

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

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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 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: \_\_\_\_\_

<b>ARC USE ONLY</b> - 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		
<b>Architectural Review Committee Action</b>		
<input type="checkbox"/> Recommend Approval	<input type="checkbox"/> Recommend Approval with Conditions (below)	<input type="checkbox"/> 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.