

Palms At Casey Key

ALTERATION APPLICATION

OWNER'S NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

E-MAIL ADDRESS: _____

DESCRIBE IN DETAIL, TYPE OF ALTERATION AND MATERIALS TO BE USED:

(IF MORE SPACE IS REQUIRED, PLEASE ATTACH TO THIS FORM. THANK YOU)

An application requesting approval for any alteration which occurs outside the exterior walls of the building must be accompanied by all of the following:

1. A COPY OF YOUR LOT SURVEY INDICATING PLACEMENT OF THE ALTERATION
2. A CONTRACTORS ESTIMATE SHOWING STYLE, COLOR, HEIGHT OR ANY ADDITIONAL INFORMATION NECESSARY.
3. IN LIEU OF A CONTRACTOR ESTIMATE, PROVIDE PICTURES OF STYLE, COLOR, AND DETAIL OF ALTERATION

If approval is granted, it is not to be construed to cover 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. The Architectural Control Committee shall have no liability or obligation to determine whether such improvement, alteration and addition comply with any applicable law, rule, regulation, code or ordinance.

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 PALMS AT CASEY KEY ASSOCIATION AND SUNSTATE MANAGEMENT, ARE NOT REQUIRED TO TAKE ANY ACTION TO REPAIR, REPLACE OR MAINTAIN ANY SUCH APPROVED CHANGE, ALTERATION OR ADDITION, OR ANY STRUCTURE OR ANY OTHER PROPERTY. THE HOMEOWNER AND ITS ASSIGNS ASSUMES ALL RESPONSIBILITY AND COST FOR ANY ADDITION OR CHANGE AND ITS FUTURE UPKEEP AND MAINTENANCE.

DATE: _____ OWNER'S SIGNATURE: _____

Please send your signed and completed application for approval by mail or e-mail.

Mail: Sunstate Management E-mail: allapplications@sunstatemanagement.com
PO Box 18809
Sarasota FL 34276

Palms At Casey Key

ACTION OF COMMITTEE

_____ Recommend Approval As Requested

_____ Request Denied for the following reasons

Date

Authorized Signature for the Design Review Board