

REQUEST FOR ARCHITECTURAL APPROVAL

This is a request form to be completed by the homeowner and submitted to the (ARC) Architectural Review Committee for approval in writing **BEFORE** any work commences.

Please complete in its entirety and mail to:

Garden Walk Condominium

C/O: SunVast Management Services, Inc.* 321 Interstate Blvd.* Sarasota * FL* 34240

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THIS SECTION TO BE COMPLETED BY THE HOMEOWNER

DATE: _____

NAME: _____ UNIT #: _____

ADDRESS: _____

PHONE (HOME): _____ EMAIL _____

DESCRIBE THE CHANGE/ADDITION/INSTALLATION: (i.e. screen door, balcony improvements, etc.)

LOCATION: (ATTACH A COPY OF THE PLAN/DRAWING SHOWING THE LOCATION OF THE ADDITION OR INSTALLATION – MUST BE PROVIDED) GIVE DESCRIPTION.

SPECIFICATIONS: (ATTACH A COPY OF THE PLANS. DRAWING OR PICTURE – MUST BE PROVIDED)

DIMENSIONS: _____

MATERIAL (S): _____

COLOR (S): _____

ESTIMATED TIME OF COMPLETION: _____

NOTE: Per the Governing documents: ALL CONSTRUCTION, CHANGES AND ALTERATIONS SHALL ALSO BE SUBJECT TO ALL APPLICABLE PERMIT REQUIREMENTS AND TO ALL APPLICABLE GOVERNMENTAL LAWS, STATUTES, ORDINANCES, RULES, REGULATIONS, ORDERS AND DECREES.
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PLEASE DO NOT WRITE BELOW THIS LINE

REQUEST: DATE APPROVED _____ DATE DENIED _____

AUTHORIZED ARC SIGNATURE: _____

(ARC) Comments or Conditions: _____

DATE RECEIVED: _____ **SENT TO ARC:** _____

ADDITIONAL DOCS REQUESTED: _____ **RECEIVED:** _____

SENT TO H/O: _____