

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

ARCHITECTURAL & LANDSCAPING MODIFICATION REQUEST

DATE OF APPLICATION: _____ *is this application a re-submittal of a previous application? Yes / No*

THE UNDERSIGNED OWNER SEEKS APPROVAL OF THE ARCHITECTURAL REVIEW COMMITTEE (A&E) & THE WOODSIDE TERRACE BOARD OF ADMINISTRATION (WT BOA) AS FOLLOWS:

(Circle all that apply): Paver Patio Screen Enclosure Windows Painting Plantings Plumbing Skylights Other

BRIEF DESCRIPTION OF PROJECT (location, dimension, color, style, etc.):

PLEASE INCLUDE WITH THIS APPLICATION: 1) Copy of Official Lot Survey (Please indicate on lot survey where alterations will be located on Property or a drawing with adequate detail and dimensions, or photos of location.)
2) Specifications for Alteration (i.e. Color Swatches, Material Sample, Brochures, Photographs, Dimensions, photos of plants, color choices, etc. The Committee expects multiple attachments - detail is necessary and appreciated.)

Note: If the Application Package is not complete with drawings, pictures, and adequate detail the Request will be tabled until the Application contains all necessary information. Landscape and/or plant choices may be altered at discretion of WT Contracted Landscape Company due to WT Landscape Planning, location or Florida climate requirements.

The undersigned property owner hereby acknowledges and agrees that he/she shall be solely responsible for determining whether the improvements, alterations or additions described herein comply with all applicable laws, rules and regulations, code, and ordinances: including, without limitation, zoning ordinances, subdivision regulations, and building codes. The Woodside Terrace Board of Administration (WT BOA) shall have no liability or obligation to determine whether such improvements, alterations and additions comply with any such laws, rules, regulations, codes or ordinances. No work may begin without written Approval from the WT BOA. Owner understands and acknowledges that all modifications and the maintenance thereof become the responsibility of the current and any future owners of said property. Unless otherwise noted, Owner is responsible for payment of all modifications.

SIGNATURE OF OWNER: _____ Printed Name: _____

STREET ADDRESS: _____

EMAIL: _____ TELEPHONE: (H) _____ (C) _____

PLEASE ALLOW UP TO 30 DAYS TO RECEIVE A REPLY FROM THE WT BOA

ACTION OF COMMITTEE

_____ **RECOMMEND APPROVAL TO THE WT BOA WITH THESE CONDITIONS:**

_____ **REQUEST DENIED or TABLED FOR THE FOLLOWING REASON/S:**

_____ DATE

_____ CHAIRPERSON, A & E Committee

At the time of completion of the project, the Owner must contact the management company in order for the project to be reviewed for compatibility to the approved Modification Request and for damages to common elements that may have occurred during construction.

Date Inspection Request Received: _____ VIA: email first class mail fax telephone in person

Inspected by: _____ Date: _____