

**APPLICATION FOR ARCHITECTURAL MODIFICATION(S) - ARC FORM REVIEW
NATURE'S HIWAY PHASE IA HOMEOWNERS ASSOCIATION**

ARC forms may take approximately 30 days to process. Please note modifications CANNOT begin until homeowner receives approval/answer.

For processing of this application, mail/fax/drop-off to the address below:

Amer-Tech Community Management—5434 Grand Blvd., New Port Richey, FL 34652

Ph. 727-726-8000 Fax 727-723 1101; email: mhatka@ameritechmail.com

Please be sure to include required pictures, samples, property survey, plans and/or specifications **so there is no delay/return**

Property Address: _____

Application Date: _____ Daytime Ph: _____ Email: _____

Name of Owner(s): _____

Approval is proposed for the following modification(s), addition(s), and/or alteration(s) as described below and/or on attached pages(s): **Check the applicable boxes and/or describe below:**

- | | | |
|---|--|--|
| <input type="checkbox"/> Awnings | <input type="checkbox"/> Landscaping Additions/Modifications | <input type="checkbox"/> Play Structure/Playground |
| <input type="checkbox"/> Exterior Paint as preapproved colors | <input type="checkbox"/> Other Exterior Modification | <input type="checkbox"/> Pool Installation |
| <input type="checkbox"/> Exterior Lighting/Solar Lights | <input type="checkbox"/> Patio/Terrace/Decks | <input type="checkbox"/> Satellite Dish Location |
| <input type="checkbox"/> Fence as per approved criteria | <input type="checkbox"/> Pavers/Driveway/Paver Extensions | <input type="checkbox"/> Spa/Jacuzzi |
| <input type="checkbox"/> Hurricane Panels/Accordion Shutters | <input type="checkbox"/> Roof | <input type="checkbox"/> Other: _____ |

THIS IS A RE-SUBMITTAL Yes No

Additional Information/Dated: _____

Attached...Please Note you MUST provide the following IF APPLICABLE: **Processing will be delayed if missing!**

- | | |
|--|---|
| <input type="checkbox"/> Painting—colors (see additional painting approval requirements) | <input type="checkbox"/> Property Survey, showing location of Modification(s) |
| <input type="checkbox"/> Landscape design/sod type | <input type="checkbox"/> Sample(s)/Picture(s) |
| <input type="checkbox"/> Initial or Revised Plan(s) and/or Specification(s) | <input type="checkbox"/> Contractor License and Insurance |
| <input type="checkbox"/> Material(s) Designation Plan/Sample(s) | <input type="checkbox"/> Other: _____ |

By Initialing below applicant agrees and acknowledges as follows:

Owner agrees to be fully responsible at owner's sole expense for any and all damages to Common Areas and/or neighboring Lots including, but not limited to, damage from deliver, construction or other vehicles or machinery. Access to construction areas is only to be allowed through Owner's Property.

Owner agrees and understands to be responsible for obtaining any necessary permits from the appropriate Building and Zoning Department(s) and all other applicable governmental authorities. Furthermore, owner agrees to comply with the Association Documents including, but not limited to, the Declaration, in all respects.

Additional Painting Information/Requirements:

- For any colors that are not in the color book a 12X12 color sample must be painted on the right side of the home.
- Body of home cannot be the same as home on each side or across street from home.
- Only colors approved shall be from a neutral or pastel color palette.

Area(s) to be painted: _____

House-Color _____ Paint Brand _____ Paint Color Code _____ **Trim** _____ Paint Brand _____ Paint Color Code _____

Garage _____ Paint Brand _____ Paint Color Code _____ **Ft/Side Door** _____ Paint Brand _____ Paint Color Code _____

Pillars _____ Paint Brand _____ Paint Color Code _____ **ARC Trim** _____ Paint Brand _____ Paint Color Code _____

Driveway Painting

Pavers: Must include sample of color & type/size:

Paver Color _____ Paver Type _____ Paver Size _____

Anticipated Commencement Date: _____	Owner's Signature: _____
Anticipated Time for Completion: _____	Owner's Signature: _____

(FOR ARCHITECTUAL REVIEW COMMITTEE COMMUNITY MANAGEMENT OFFICE USE ONLY)

Approved Date: _____ ACC Chairperson/Board Member: _____

Disapproved Date: _____ ACC Chairperson/Board Member: _____

Request APPROVED, subject request on letter of approval: _____

Request CONDITIONAL APPROVAL, condition to be stated on letter of approval: _____

Request DISAPPROVED, as per explanation, on letter of disapproval: _____

Please Note:

THIS APPROVAL IS VALID FOR ONLY SIX (6) MONTHS FROM DATE OF APPROVAL. HOMEOWNER WILL NEED TO RESUBMIT FOR APPROVAL IF SIX (6) MONTHS HAS LAPSED AND THE ALTERATIONS ARE NOT COMPLETED.