

Venetian Bay Homeowners Association, Inc.

APPLICATION FOR ARCHITECTURAL MODIFICATION

Please return completed application to:
ARCHITECTURAL REVIEW COMMITTEE
VENETIAN BAY HOMEOWNERS ASSOCIATION, INC.
424 LUNA BELLA DR., #119, NEW SMYRNA BEACH, FL 32168

Your Approval is subject to the following attached Addendum(s)

Telephone # 386-410-4417 tmoseley@Evergreen-LM.com

This is a request form to be completed by the homeowner and submitted to the Architectural Review Committee for approval BEFORE any work commences. Please refer to the Governing Documents and Design Guidelines for additional information. Reviews may take up to 30 days for processing from the date a completed application is received in our office. Name of Owner (s): Email Address: Street Address: Date: Lot# Phase # Phone number: Approval is hereby requested for the following modification(s), addition(s) and/or alterations as described below and on attached pages: (Check applicable box and/or describe below): __ Additions Screen Enclosure ____ Hurricane Shutters _____ Pool/Spa Landscaping _____ Landscape Curbing _____ Patio/Pavers _____ Exterior Paint Doors _____ Wall/Fence _____ Solar _____ Generator/Gas Tank/Water Yard Art _____ Misc/Other IS THIS A RESUBMITTAL _____Yes/No Additional Information: Location: Attach a copy of the plot plan/survey showing where the addition is located relative to the home and the property lines. Plot plan/survey should be included in your closing documents. If not a copy can be obtained from the county property appraisers office. Specs: Attach copies of plans from any contractor or vendor providing service. Including color samples, photos, dimensions You are responsible for obtaining any necessary permits from the appropriate Building and Zoning Department(s). Access to area of construction is only allowed through your property, and you are responsible for any damages. If access is needed on neighboring properties, please check with your neighbors before commencing any work. Completion Date: Owner's Signature Please contact HOA upon completion for final inspection _____ Denied Date of Approval/Denial: ______Signed: _____ Community Manager