

Vistas at Seabrooke Homeowners' Association, Inc.

Request for Exterior Addition or Modification

Request From: _____ Date: _____
Local Address: _____ Acct. # _____ Phone: _____
Other Address: _____ Phone: _____

- - - DOCUMENT CHECKLIST - - - (To be submitted at time of request)

- Please check if immediate neighbor has same paint or roof color.
 Permit Specifications Building Plans
 Details Vendor Information Photos
 Attach Paint Color Swatch(es) Provide Roof Material Sample

Brief Description of alteration, improvement, addition, etc.

Contractor: _____
Address: _____
Certificate of Insurance: _____
Occupational License #: _____

- - - HOMEOWNER'S AFFIDAVIT - - -

I have read the Deed Restrictions and Policies of Vistas at Seabrooke Homeowners' Association, Inc., and agree to abide by same. No work will commence without the written approval of the Architectural Review Committee/Board of Directors. *Work must commence within thirty (30) days of approval unless otherwise indicated and approved.*

Signed: _____ Date: _____

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ARCHITECTURAL CONTROL COMMITTEE RECOMMENDATION

Approved Denied Date: _____
Signature: _____ Print Name: _____
Signature: _____ Print Name: _____
Signature: _____ Print Name: _____

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FOR THE BOARD OF DIRECTORS:

Signature: _____ Print Name: _____

PLEASE MAIL YOUR REQUEST TO:

Vistas at Seabrooke Homeowners' Association, Inc.
C/O MONARCH ASSOCIATION MANAGEMENT, INC.
500 Alt. 19 South - Palm Harbor, FL 34683
(727) 204-4766 – Cindy@monarcham.com

Received: _____
To ARC: _____
Approved: _____
Denied: _____
Final Approval: _____