BAYTOWNE WEST HOMEOWNERS ASSOCIATION

DOOR REPLACEMENT GUIDELINES AND AUTHORIZATION

This document is to be signed and submitted with the Alteration Request Form

Date Sul	bmitted:				
Baytowne	e West Address:				
1	Proof of the contractor's business license and proof of insurance is required to be				
	submitted with the completed Alteration Request Form.				
2	City of Safety Harbor building permit must be submitted to the Architectural Control				
	Committee prior to the commencement of work and must be displayed in the front				
	window with the approved ACC forms.				
3	Solid Door - must match existing 6 panel door and painted existing door color.				
4	Door with Glass – must be approved by ACC and painted existing color.				
5	Building painting contractor will not paint doors with glass.				
6	Homeowner is responsible for painting door to match new community door color				
	when buildings are painted.				
7	Homeowner/Contractor is responsible for repairing and re-painting any damaged				
	stucco. Paint code is available from the HOA.				
8	Contractor/Homeowner will be responsible for the cost of any damage to the				
	irrigation system. Repairs to the irrigation must be made by the Baytown West				
	irrigation contractor.				
9	Homeowner is responsible to see that the contractor cleans up and removes all				
	debris and fasteners.				
10	No materials or tools may be placed or stored on adjoining properties.				
	I understand that it is my responsibility to ensure these guidelines are				
	followed and the Contractor is aware of these guidelines.				
	Homeowner Signature	 Date	Contractors Signature	 Date	
	-		-		
	ACC Signature	 Date	ACC Signature	 Date	

BAYTOWNE WEST HOMEOWNERS ASSOCIATION 1355 Wickford St. Safety Harbor, FL 34695 (727) 799-5040

APPLICATION FOR ALTERATION AND/OR ADDITION

Date submitted:				
Name of Homeowner:				
Address:				
Phone Number:	e-mail address:			
Description of proposed alteration and/or addition. survey must be included for consideration of your	Detailed drawings, site plans and a copy of your property land proposal.			
Contractors Name:				
Contractors Address:				
Contractors Phone Number:				
Start Date:	Completion Date:			
Homeowner Signature:				
***** Architectural	Control Committee use only *****			
Date received:	Date Owner Notified:			
Architectural Control Committee: Approved () Disapproved () Date Reviewed:				
•	will expire on:			
Signature and date of Architectural Control Con	mmittee Members:			

Architectural Control Committee has 30 days from receipt to review and respond to this application.