

BAYTOWNE WEST HOMEOWNERS ASSOCIATION

ROOM ADDITION GUIDELINES AND AUTHORIZATION

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

Date Submitted: _____

Baytowne West Address : _____

- 1 Proof of the contractor's business license and proof of insurance is required to be submitted ***with*** this 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 Property survey and construction drawings must be submitted prior to approval.
- 4 All new room additions must have hip roofs with shingles to match existing. Exterior walls and trim colors must match existing. Door and windows must match existing.
- 5 Contractor must have plywood under the tires of vehicles if backing onto the lawn.
- 6 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. All existing irrigation heads must be located.
- 7 Homeowner is responsible to see that the contractor cleans up and removes all debris and construction materials
- 8 No materials, tools or equipment may be placed or stored on adjoining properties.
- 9 No work will commence without a contractor consultation with a member of the ACC.

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
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ACC Signature	Date	ACC Signature	Date
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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. Detailed drawings, site plans and a copy of your property land survey must be included for consideration of your 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: _____

Comments: _____

If approved, valid for a period of 180 days and will expire on: _____

Signature and date of Architectural Control Committee Members:

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