

Gasparilla Condominium Assn.
REQUEST FOR ARCHITECTURAL APPROVAL

This is a request form that must be completed by the owner and submitted to the Board of Directors for notification to other owners. The BoD may require a meeting or more information for approval.

Please completely fill in the required information and return to:

Gasparilla Condominium Assn. 2980 S. McCall Rd. Suite A Englewood, FL 34224,
info@surfsidecamservices.net Fax: 941-681-2717 Phone: 941-460-3088

BE SURE TO ALLOW AT LEAST 30 DAYS FOR THE BOARD OF DIRECTORS TO REVIEW AND REPLY TO YOUR REQUEST.

THIS SECTION TO BE COMPLETED BY OWNER

UNIT #/ ADDRESS: _____ DATE: _____ PHONE: _____

DESCRIBE IN DETAIL THE NATURE OF THE INSTALLATION OR CHANGE: _____

PERMIT # _____ CONTRACTOR: _____ LICENCE # _____

START DATE: _____ ESTIMATED DATE OF COMPLETION: _____

NOTE: Per the Governing documents: OWNERS ARE RESPONSIBLE FOR THE WORK/ACTION OF PERSONS UNDER THEIR EMPLOY and they must be **LICENSED and INSURED** and in the State of Florida.

Please supervise the work to ensure that damage to common areas does not occur or is corrected.

ALL REQUESTS MUST CONFORM TO THE LOCAL ZONING AND BUILDING REGULATIONS AND OWNERS ARE RESPONSIBLE FOR OBTAINING THE NECESSARY PERMITS IF YOUR REQUEST IS APPROVED.

Owners agree to allow Surfside Cam Services Management Company to enter their property to check on the project.

Name: _____ Unit # _____ Signature: _____

PLEASE DO NOT WRITE BELOW THIS LINE

REQUEST: Date pre-approved: _____ Date completed and approved: _____ Date denied: _____

BOD AUTHORIZED SIGNATURE: _____

(BOD) Comments or Conditions: _____

DATE RECEIVED BY SURFSIDE: _____ SENT TO BOD: _____