



## THE INTERCOASTAL CONDOMINIUM ASSOCIATION, INC

### ARCHITECTURAL REVIEW AND APPROVAL FORM

#### Disclaimer for Alteration Requests

Any and all alterations must be in writing and must be approved in writing PRIOR to the commencement of work. All alterations must comply with all local municipal and State permitting requirements and governing codes PRIOR to commencement of work and must be completed by a licensed and fully insured contractor. Any damage to other units or the common areas caused by said contractor's work is the responsibility of the unit owner employing the contractors. The Association also reserves all rights under the law to enforce the Covenants, Conditions and Restrictions.

**DESCRIBE IN DETAIL THE TYPE OF ALTERATION AND MATERIALS YOU PROPOSE TO USE ON A SEPARATE SHEET.** This form is to be submitted along with the sketch and specifications agreed upon with the contractor and/or a listing of the materials used. Include a site plan drawing and a description of materials to be used including any landscaping changes if they are a part of this proposal. These will be copied. The original will be filed in the office with a copy returned to you.

By submitting this Application, the applicant agrees that upon approval the alterations will be completed, without variation, from the approved plans.

If approval is granted, it is not to be construed to cover approval of any governing codes or requirements. A building permit will be required on most property alterations or improvements. The owner is responsible for compliance with all code and permitting requirements.

As a condition precedent to granting approval of any request for a change, alteration or addition to an existing basic structure, that the application, the heirs and assigns thereto, hereby assume sole responsibility for the repair, maintenance or replacement of any such change, alteration, or addition. It is understood and agreed that the ASSOCIATION, et al are not required to take any action to repair, replace or maintain any approved change, alteration or addition, or any damage resulting therefrom for any reason to the existing original structure, or any other property.

THE OWNER ASSUMES ALL RESPONSIBILITY AND COST FOR ANY ADDITION OR CHANGE, AND ITS FUTURE UPKEEP. Also, the homeowner acknowledges that the Association and Management Company will be held harmless from any liability arising therefrom; and indemnify them for all losses, costs, expenses and attorney's fee(s) in connection with any such addition to their home or surrounding area.

I HAVE READ THE DEED RESTRICTIONS AND COVENANTS OF THE ASSOCIATION AND AGREE TO ABIDE BY ITS CONTENT.

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Signature

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Date

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Print Name

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Unit #

# THE INTERCOASTAL CONDOMINIUM ASSOCIATION, INC

# ARCHITECTURAL REVIEW AND APPROVAL FORM

Applicant: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Unit Number \_\_\_\_\_

1. Modification Requested:

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Contractor: \_\_\_\_\_

Phone: \_\_\_\_\_

License Number\_\_\_\_\_

Expected Begin Date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

We acknowledge that all approved changes in the original design will be at our expense, that any and all damage to common areas or relocations of existing sprinkler systems, underground utilities, building structures, and exterior landscaping or other damage resulting from the construction of the proposed improvement shall be at our expense. Additionally, any maintenance of the permitted improvements shall be at the applicant's expense, and the applicant agrees to hold the The Intercoastal Condominium Association, Inc. harmless for any liability, damage and/or loss resulting from the construction or performance of the above said proposed modification, whether or not pursuant to approved plans, drawings and/specifications. It is also agreed that all work will be completed by the above-mentioned completion date and in no case later than three months from the date of approval of this application.

Signature of all owners \_\_\_\_\_

SUBMIT THIS FORM WITH:

Engineering drawing of your condo, draw

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FOR COMMITTEE USE ONLY:

Date Received: \_\_\_\_\_ Copies of Application \_\_\_\_\_ Sets Plans \_\_\_\_\_ Sets Specifications \_\_\_\_\_

Further information Requested: \_\_\_\_\_ Received: \_\_\_\_\_

Decision: Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_ Date: \_\_\_\_\_

Comments and/or Conditions of approval:

FORWARD YOUR APPLICATION TO: Ameri-Tech Community Management, Inc., Susan Ables, [Sables@ameritechmail.com](mailto:Sables@ameritechmail.com) . 24701 US HWY 19 N, Suite 102, Clearwater, FL 33763, or FAX 727-723-1101.