

GOLF GREEN CONDOMINIUM ASSOCIATION INC.

ARCHITECTURAL REVIEW COMMITTEE

Application Instructions

1. Complete entire form.
2. Submit copies of any drawing or blueprints to be approved by the ARC.
3. Work shall **NOT** commence until application is approved.
4. Approved applications shall **NOT** be altered.
5. Denied applications can be appealed to the Board of Directors.
6. Contractors employed must provide Certificate of Liability Insurance/Workers' Compensation when required by law.
7. Owner is responsible for making sure all required permits are obtained prior to commencement of any work.
8. Sign & return to:

Sunstate Association Management Group
228 Ponce De Leon Avenue
Venice, FL 34285
Or mail to:
P.O. Box 18809
Sarasota, FL 34276
Ph. (941)870-4920 Fax (941)870-9652
lynn@sunstatemanagement.com

GOLF GREEN CONDOMINIUM ASSOCIATION INC.

ARCHITECTURAL REVIEW COMMITTEE APPLICATION FOR ALTERATIONS

Name(s) of Unit owner(s): _____
Unit #: _____ Phone: _____ E-Mail: _____

I/We, being members of the Golf Green Condominium Association, hereby request the Architectural Review Committee thereof approve the following described construction, improvement or other alteration to my/our unit:

(Attach additional sheets, if necessary)

I am/We are submitting herewith the following supporting documents:

- _____ Specifications of the construction, improvement or alteration
- _____ Engineering drawings
- _____ Color and samples
- _____ Manufacturer's promotional material
- _____ Pictures
- _____ Other

By this request, I/We, as owner(s) assume full responsibility for any and all required permitting, verification of contractor licensing and workers' compensation insurance (if required by law), conformity, installation, maintenance, replacement and cost of the above work. I/We further agree to indemnify and hold harmless the Golf Green Condominium Association, Inc., any member of its committees, or any employee or agent for any claims arising out of this action. I will notify Sunstate Management within 14 days of the completion of improvements requested and understand that a final ARC inspection will be made within 30 days thereof to verify compliance.

Signature _____ Signature _____
Print Name _____ Print Name _____
Date Submitted _____

~For Official Use Only~

Date application received _____ Date Approved/Denied _____
Reason for Denial _____

ARCHITECTURAL REVIEW COMMITTEE

/s/ _____ /s/ _____ /s/ _____

Re-inspection

/s/ _____ /s/ _____ /s/ _____