

WEST HAMPTON HOMEOWNERS ASSOCIATION, INC.
28100 U.S. HIGHWAY 19 N., SUITE 200, CLEARWATER, FL 33761
(727) 796-5900

Date Received:

SUBMIT Completed form to: khipps@resourcepropertymgmt.com

ATTENTION: ARCHITECTURAL CONTROL BOARD (ACB) DATE: _____

The undersigned owner seeks approval of the Board as follows:

_____ Painting (Color Chips need to be included with the application.

_____ Paint swatches of 3ft x 4ft need to be painted on the front side of the home for committee members to view)

REQUESTED COLORS:

BODY _____ TRIM _____ GARAGE DOOR _____ FRONT DOOR _____

- Elevation Photo of home to be painted needs to be included

THE COLORS THAT WE HAVE CHOSEN ARE COMPATABLE AND IN HARMONY WITH THE COLORS IN THE COMMUNITY OWNERS SIGNATURE _____

_____ Additions/Alterations of Existing Structures/or Property

Narrative Description of Additions/Alterations: _____

(Continue on Additional Sheet if Necessary)

INCLUDE:

_____ Lot Survey Showing Dimensions, Setbacks, Landscaping, Etc.

_____ For Additions/Alterations/New Structures--Plans Enclosed, **including Lot Survey with plans drawn on Survey** (includes landscaping),

_____ Description of all Exterior Materials and Samples of all Colors. (Can be color chips/brochure photos, e.g. for fence styles, brick pavers, tile, paint, etc.)

NOTES:

1. As the owner of the below listed property, the undersigned hereby acknowledges and agrees that the undersigned shall be solely responsible for determining whether the improvements, alterations or additions described herein comply with all applicable laws, rules and regulations, code, and ordinances: including, without limitation, zoning ordinances, subdivision regulations, and building codes. The Architectural Board shall have no liability or obligation to determine whether such improvements, alterations and additions comply with any such laws, rules, regulations, codes or ordinances.

2. I understand and agree that no work on this request shall commence until written approval of the Architectural Review Board has been received by me.

3. I understand that any construction or exterior alteration undertaken by me or on my behalf before approval of this application is not allowed and that if alterations are made, I may be required to return the property to its former condition at my own expense if this application is disapproved wholly or in part, and that I may be required to pay all legal expenses incurred.

4. I understand that members of the Architectural Review Board are permitted to enter upon my property at any reasonable time for the purpose of inspecting the proposed project, the project in progress, and the completed project, and that such entry does not constitute a trespass.

5. I understand that approval of my request is contingent upon construction or alterations being made in a professional manner. No materials used in this project may be stored or stacked on the street or sidewalk. I also understand that I will be held responsible for any damage to community property.

6. It is understood that I am aware of the West Hampton *Architectural Rules and Regulations* in regard to the review process, as established by the Board of Directors.

7. The alteration authority granted by this application will be revoked automatically if the alteration request has not commenced within 90 days of the approval date of this application.

SIGNATURE OF OWNER _____

PRINTED NAME _____

PROPERTY ADDRESS _____

TELEPHONE _____ EMAIL _____

ACTION OF THE BOARD

APPROVAL

DISAPPROVE FOR THE FOLLOWING REASON:

DATE

CHAIRPERSON, A.C.B

This application may require personal identifying information. To the extent you are providing personal identifying information to the Association herein, unless you make arrangements in writing with the Association otherwise, you are giving express consent to the Association to disseminate such information to third parties, including other members, without further consent.