

Stoneywood Cove Community Association, Inc.

c/o Sunstate Association Management, Inc.

P.O. Box 18809, Sarasota, FL 34276

Office (941) 870-4920 Fax (941) 870-9652

Email: allapplications@sunstatemanagement.com

Architectural Review Form

Owner(s) Name: _____ Date Submitted: _____

Unit Address: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Email Address: _____

By this request, we as owners assume full responsibility for conformity, installation, maintenance, replacement and costs of the work listed below. We further agree to indemnify and hold harmless the Stoneywood Cove Community Association for any claims arising out of this action.

Description of Work: _____

SIGNATURE: _____ **DATE:** _____

Complete the following if applicable:

Contractor: _____ License #: _____

Instructions:

1. Complete entire Form.
2. Submit copies of any drawings 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.
7. Work effecting existing roofs requires written approval.

Architectural Committee:

Signature: _____ Date: _____

APPROVED: _____ DENIED: _____

Comments: _____
