

Casa Del Sol Condominium Association. Inc.  
Architectural Control Request %ACR+Form

This form has been prepared to allow you to request approval from the Board of Directors for any changes to the exterior of your Unit including but not limited to: landscaping changes, additional structures, porches, decks, patios, sidewalks and parking spaces. The Board of Directors hereby agrees to review the proposed architectural change(s) submitted by the following Unit Owner, as described below:

**Owner's Name:** \_\_\_\_\_

**Complete Address:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Mobile Telephone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Description of Proposed Change:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Location:** \_\_\_\_\_

**Dimensions:** \_\_\_\_\_

**Construction Material:** \_\_\_\_\_

**Contractor/Company:** \_\_\_\_\_

**Contractor Contact Telephone:** \_\_\_\_\_

I certify that the proposed changes will be limited to the extent described above and I will be responsible for any damages to the Common Elements in connection with the requested changes.

**Unit Owner Signature:** \_\_\_\_\_

**NOTE:** Approval of any project does not waive the necessity of obtaining a **City Building Permit**. All contractors should be licensed and have proof of insurance. *A sketch or plan of all improvements MUST be attached including a copy of the permit to the application to show location and dimensions.*

**Contractor is NOT permitted to use the Association's dumpsters for disposal of their debris.**

**Contractor's Signature:** \_\_\_\_\_

**Submit Form to: Jenny Schoenfeld, LCAM – Ameri-Tech Community Management**  
24701 US Highway 19 N., Suite 102  
Clearwater, FL 33763  
Office: (727) 726-8000, Ext: 247; Fax: (727) 723-1101  
E-mail: [jschoenfeld@ameritechmail.com](mailto:jschoenfeld@ameritechmail.com)

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**For Internal Use Only:**

**Date Submitted:** \_\_\_\_\_

**Date Received by Board of Directors:** \_\_\_\_\_

**Approved On:** \_\_\_\_\_ **Disapproved On:** \_\_\_\_\_

**Reason for Disapproval:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved By, requires Two (2) Board Member's Signatures and Titles:**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date Notification Provided to Unit Owner:** \_\_\_\_\_