

WILLOWBEND COMMUNITY ASSOCIATION, INC.

A Corporation Not-For-Profit

ARCHITECTURAL CHANGE REQUEST- LANDSCAPING

Homeowner/Applicant Name

Address and Lot # of Proposed Work

Homeowner/Applicant Address (if different)

E-Mail Address (optional)

Telephone Number – Daytime

Telephone Number – Evening

Description of Change, Addition, Modification, Etc.

Submit this Form for all proposed *landscaping* changes, additions or modifications etc. accompanied, where appropriate, by floor plans, exterior elevations (all views), site plans and/or line drawings showing applicable setbacks, dimensions from existing property lines to the proposed work or structures; plant names, quantities and proposed locations etc. Also, where applicable, this Request must include proposed manufacturer/trade name, colors, patterns, materials and all additional information necessary for the appropriate review committee and the Board of Directors and, when appropriate, the Sarasota County Building Department to make informed decisions. Failure to comply may result in the request being returned without action or held until the necessary information is provided.

Description: _____

_____ (attach additional sheet(s) as required).

In addition to the above, provide the following where applicable:

- Literature from the proposed vendor/contractor
- Estimated start and completion dates
- Any additional information to support this request

Conditions of Approval

1. The Homeowner must obtain and prominently display all required permits prior to start of work.
2. A Sarasota County licensed contractor must perform any contract work.
3. A deposit may be required to cover possible common area/adjoining homeowner property damage resulting from the work. The deposit is refundable when the Property Manager confirms that all incidental property has been restored to the original state. Contact the Property Manager to schedule an inspection after work completion.
4. Completion of Neighbor's Permission form(s) when appropriate.
5. The Owner must notify the Property Manager and the County's underground facilities locating service at Sunshine State One-Call of Florida (1-800-432-4770 www.callsunshine.com) prior to commencing any lot excavation to identify buried utility lines in the area of excavation.
6. Landscape and irrigation system changes must be contracted to the Association's landscaping contractor.

WILLOWBEND COMMUNITY ASSOCIATION, INC.

A Corporation Not-For-Profit

A. Plant replacement

Plants or trees must be listed on the Willowbend plant palette.

Only replacement of existing plants is allowed except for annuals which may be planted annually. If the number of plants installed by a homeowner/contractor is considered by the Board to be excessive, the Board reserves the right to increase the home owners monthly contribution in accordance with any extra time or work required to maintain owners property. Plant replacement is for the account of the owner.

Any damages to the irrigation system or any other utilities or appliances are for the account of the owner or contractor.

The Association offers no guarantees of any plants/trees.

Any additional watering required other than normal watering cycle is the responsibility of the owner.

Normal plant maintenance such plant trimming, fertilizing, pesticides/herbicides will be provided by the Association.

B. Replacement of plants with sod

Any damage to irrigation system is for the account of the owner or contractor.

Additional watering other than normal watering cycle is the responsibility of the owner.

Sod replacement is for the account of the owner unless otherwise determined by a Board decision in the future regarding replacement of plants with sod.

Normal maintenance such as mowing, fertilizing, pesticides/herbicides will be provided by the normal lawn maintenance service.

Per Grounds and Lakes Committee
Willowbend Homeowners Association

The undersigned Homeowner/Applicant acknowledges he/she understands, and will comply with, the Conditions of Approval and further agrees that NO WORK WILL COMMENCE until SIGNED BOARD APPROVAL is received. The Applicant is responsible for retaining the signed approval during the work and thereafter in the house documents for this address.

Homeowner/Applicant's Signature

Date of Request

Submit request and essential documentation to: Lighthouse Property Management Inc
16 Church Street, Osprey, FL 34229
Phone: 941-966-6844 X307 Fax: 941-966-7158

FOR USE BY ARCHITECTURAL (ARC) or GROUNDS (GLIC) COMMITTEES

ARC/GLIC CMTE Action:

() RECOMMEND APPROVAL

() RECOMMEND DISAPPROVAL

Conditions/Remarks/Deposit Recommended: _____

WILLOWBEND COMMUNITY ASSOCIATION, INC.

A Corporation Not-For-Profit

Signature: _____ Date: _____

BOARD ACTION

APPROVED () DISAPPROVED () Comments: _____

Signature: _____ Date: _____

PROPERTY MANAGER'S ACTION

RETURNED WITHOUT ACTION () FORWARDED FOR ACTION TO: _____

Comments _____

Signature: _____ Date: _____

Proponent:
Architectural Review Committee

Landscaping Change Request
Updated July 2009