

**WILLOWBEND COMMUNITY ASSOCIATION, INC.**  
*A Corporation Not-For-Profit*  
**ARCHITECTURAL/LANDSCAPING CHANGE REQUEST**

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Homeowner/Applicant Name \_\_\_\_\_ Address and Lot # of Proposed Work \_\_\_\_\_

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Homeowner/Applicant Address (if different) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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Telephone Number – Daytime \_\_\_\_\_ Telephone Number – Evening \_\_\_\_\_

**Description of Change, Addition, Modification, Etc.**

Submit this Form for all proposed *architectural/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).

**CONTRACTOR NAME:** \_\_\_\_\_ **PH:** \_\_\_\_\_

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

- **Literature from the proposed vendor/contractor**
- Estimated start and completion dates

**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. Complete and submit Neighbor’s Notification/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](http://www.callsunshine.com)) prior to commencing any lot excavation to identify buried utility lines in the area of excavation.
6. Before any Landscape and irrigation system changes are made, contact the Association’s landscaping contractor so that they can inspect the irrigation system for damage before and after work is completed.

**Plant/sod replacement:** Plants or trees must be listed on the Willowbend plant palette. Only replacement of existing plants is allowed except for annuals. If the number of plants installed by a homeowner or contractor is considered by the Board to be excessive, the Board reserves the right to increase the homeowner’s monthly contribution in accordance with any extra time or work required to maintain owner’s property. The cost of plant/sod

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replacement is the responsibility of the owner. The cost of repairing any damage done to the irrigation system or any utilities or appliances is the responsibility 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 as plant trimming, fertilizing, pesticides/herbicides will be provided by the 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: Sentry Management  
5969 Cattleridge Blvd., Ste. 203  
Sarasota, FL 34232  
Phone: 941-361-1222 Fax: 941-361-1113  
Email: kgundzik@sentrymgt.com

**FOR USE BY ARCHITECTURAL (ARC) COMMITTEE**

**ARC CMTE Action:** ( ) RECOMMEND APPROVAL  
( ) RECOMMEND DISAPPROVAL

Conditions/Remarks/Deposit Recommended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BOARD ACTION**

APPROVED ( ) DISAPPROVED ( ) Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROPERTY MANAGER'S ACTION**

RETURNED WITHOUT ACTION ( ) FORWARDED FOR ACTION TO: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Updated July 2018)