

Date _____

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

Homeowner/Applicant Name **Address and Lot # of Proposed Work**

Homeowner/Applicant Address (if different) **E-Mail Address**

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, including a sketch and/or photos. Also, where applicable, this Request must include proposed manufacturer/trade name, colors, patterns, materials and all additional information necessary for the review committee and the Board of Directors and, when appropriate, the Sarasota County Building Department to make informed decisions. If repainting your house, please refer to the Painting Regulations Requirements available on the Willowbend Community Association Website. **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. Association bears no responsibility for uninsured or unlicensed Contractors.
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) prior to commencing any lot excavation to identify buried utility lines in the area of excavation.
6. **Before any Landscape/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.**

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Plant/sod replacement:

1. Plants or trees must be listed on the Willowbend plant palette or online at <https://ffl.ifas.ufl.edu/plants>. Only replacement of existing plants is allowed except for annuals. If the number of plants installed by a home owner 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.
2. The cost of plant/sod replacement is the responsibility of the owner.
3. The cost of repairing any damage done to the irrigation system or any utilities or appliances is the responsibility of the owner or contractor.
4. The Association offers no guarantees of any plants/trees. Any additional watering to the new planting only, **as determined by the landscape contractor**, will be allowed for a period of two weeks on a daily basis. ONLY the landscape Contractor is allowed to adjust the irrigation clock. Additional watering may be requested every other day for an additional period of two weeks. Thereafter, the normal watering cycle will commence. Additional watering is allowed ONLY when an approved ACR is on file. 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: [CheriePerez\(&,sentrymgt.com](mailto:CheriePerez(&,sentrymgt.com)

PROPERTY MANAGER'S ACTION

RETURNED WITHOUT ACTION FORWARDED FOR ACTION TO: _____

COMMENTS: _____

SIGNATURE _____

DATE _____

UPDATED MAY 2019