

ARCHITECTURAL CHANGE APPLICATION

The undersigned property owner requests approval of the Architectural Committee (A/C) for the following proposed improvements, additions or alterations to the exterior of the home or property. GAVA documents require that all improvements, additions or alterations to the exterior of your home or property as specified in the A/C Guidelines be approved in writing by the Architectural Committee or the Board of Directors. By submitting this application, you are agreeing to allow the A/C & Board to inspect this project at any time. **USE BLACK PEN ONLY**

Narrative Description of Additions/Alterations: _____

This application must include:

1. A sketch of proposed changes.
2. A description of materials and colors to be used. **COLOR CHIP MUST BE ATTACHED TO FORM.**
3. An approximate length of time the proposed changes will take to complete. More than 180 days from start to completion will require a special exception from the A/C. (CONTINUE ON BACK IF NECESSARY).

I hereby acknowledge and agree that I shall be solely responsible for determining whether the improvements, alterations or additions described herein require City of Oldsmar permits and or variances. I also acknowledge and agree that the A/C shall have no liability or obligation to determine whether such improvements, alterations, or additions comply with city or county laws, rules, regulations or ordinances.

Signature of Owner: _____ **Date:** _____

Printed Name: _____

Street Address: _____

Phone: _____

E-mail address: _____

Please drop completed application in the Architectural Committee box in the office or mail it to the address above, Attn: Architectural Committee. The Architectural Committee has 30 days to review and respond per GAVA documents either by mail or, by e-mail.

ACTION OF THE COMMITTEE

Approved	Denied	Architectural Com.	Date	Approved	Denied	Architectural Com.	Date
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Reason for Denial _____ Date e-mailed to owner _____

AC Referral _____ Applicant Appeal _____

Approved	Denied	Board of Directors	Date	Approved	Denied	Board of Directors	Date
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

All deviations from original approval must be approved by the AC or BOD in writing.

FINAL INSPECTION: Approved / Denied

A/C: _____ DATE: _____ B.O.D. _____ DATE: _____