

Sandler Lakes Alteration Application

To: Sandler Lakes Homeowners Association, Inc. c/o
ALSOP Property Management
P.O. Box 1389
St. Augustine, FL 32085
Phone (904) 647-2619
vw@alsopcompanies.com

OWNER'S NAME: _____ DATE: _____

ADDRESS: _____ BLOCK: _____ LOT: _____

PHONE: (____) _____ EMAIL: _____

All applications requesting approval for any alteration which occurs outside exterior walls of the building **MUST BE ACCOMPANIED BY A COPY OF YOUR LOT SURVEY WITH THE ALTERATION DRAWN ON IT, SHOWING LOCATIONS, DISTANCES, AND DIMENSIONS. INCLUDE A SKETCH INDICATING SIZES, HEIGHTS, MATERIALS, COLORS, TYPE OF CONSTRUCTION AND OTHER PERTINENT INFORMATION AS MAY BE NECESSARY. IF THIS INFORMATION IS NOT INCLUDED, YOUR APPLICATION WILL BE RETURNED TO YOU.**

PLEASE DESCRIBE IN DETAIL THE TYPE OF PROPOSED ALTERATION, MATERIALS TO BE USED. IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES TO THIS APPLICATION.

If approval is granted, it is not to be constructed to cover approval of any County or City Code Requirements. A building permit from the appropriate building department is needed on most property alterations and/or improvements. The Architectural Review Committee (the "ARC") shall have no liability or obligation to determine whether such improvement, alteration and/or addition comply with any applicable law, rule, regulation, code, or ordinance. It is the owner's responsibility to ensure that they are in compliance with any applicable law, rule, regulation, code of ordinance.

As a condition precedent to granting approval of any request for a change, alteration or addition to an existing basic structure, the applicant, their heirs and assigns thereto, hereby assume sole responsibility for the repair, maintenance, and/or replacement of any such change, alteration, or addition. IT IS UNDERSTOOD AND AGREED, THAT THE ASSOCIATION IS NOT REQUIRED TO TAKE ANY ACTION TO REPAIR, MAINTAIN AND/OR REPLACE ANY SUCH APPROVED CHANGE, ALTERATION OR ADDITION, OR ANY STRUCTURE OR ANY OTHER PROPERTY. THE HOMEOWNER AND THEIR ASSIGNS ASSUMES ALL

RESPONSIBILITIES FOR ANY CHANGE, ALTERATION OR ADDITION AND ITS FUTURE UPKEEP AND MAINTENANCE.

I agree not to begin the proposed alteration or any other property improvements requiring approval from the ARC until the ARC notifies me in writing of its decision. I understand that all approvals automatically incorporate the conditions set forth in ARC Guidelines as currently adopted by the Board of Directors. I understand that the ARC **may take at least thirty (30) days from receipt of a complete application** to process, review, and render a decision on this Alteration Application. **If any change is made that has not been approved, the Association has the right to require me to remove the improvement from my property.**

DATE: _____ OWNER'S SIGNATURE: _____

DATE: _____ OWNER'S SIGNATURE: _____

Signature of adjacent owners if you are installing: fence, trampoline, basketball equipment or other alteration requiring notification and acknowledgement by adjacent owners.

Left side

Right side

Rear

Rear

Rear

ACTION TAKEN BY THE ASSOCIATION: DATE: _____

APPROVED: _____

APPROVED WITH CONDITIONS: _____ - Please see attached

NOT APPROVED: _____

Authorized Signature for the Architectural Review Committee

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NOTE: Application approvals are valid for a period of six (6) months and a new Alteration Application must be submitted after that time has elapsed if the approved project has not commenced.