## REQUEST FOR ARCHITECTURAL APPROVAL

This is a request form to be completed by the homeowner and submitted to the (ACC) Architectural Control Committee for approval **BEFORE** any work commences.

Please complete in its entirety and mail to:

c/o SunVast Properties, Inc. 321 Interstate Blvd., Sarasota, FL 34240

THIS SECTION HOA/Condo/Coop Name:San Simeon H	N TO BE COMPLETED BY THE HOMEOWNER OA DATE:
NAME:	LOT #:
ADDRESS:	
PHONE (HOME):	PHONE (WORK):
EMAIL ADDRESS	
DESCRIBE THE CHANGE/ADDITION/IN pavers, etc.)	STALLATION: (i.e. Screen enclosure, patio, landscaping, sidewalk/driveway
LOCATION: (ATTACH A COPY OF THE OR INSTALLATION – MUST BE PROVID	PLOT PLAN/SURVEY SHOWING THE LOCATION OF THE ADDITION DED) GIVE DESCRIPTION.
SPECIFICATIONS: (ATTACH A COPY O	OF THE PLANS. DRAWING OR PICTURE – MUST BE PROVIDED)
COLOR (S):	
ESTIMATED TIME OF COMPLETION:	
UNDER THEIR EMPLOY, DIRECTION OF areas does not occur or is corrected. ALL RI	NERS ARE RESPONSIBLE FOR THE WORK/ACTION OF PERSONS R AUTHORITY. Please supervise the work to ensure that damage to common EQUESTS MUST CONFORM TO THE LOCAL ZONING AND BUILDING SPONSIBLE FOR OBTAINING THE NECESSARY PERMITS IF YOUR
PLEASE I	OO NOT WRITE BELOW THIS LINE
REQUEST: DATE APPROVED	DATE DENIED
(ACC) SIGNATURE:(ACC) Comments or Conditions: _	
DATE RECEIVED:	SENT TO ACC: SENT TO H/O