

MAGNOLIA SQUARE CONDOMINIUM ASSOCIATION, INC.

ARC/DESIGN REVIEW APPLICATION

ARC forms may take up to 60 days to process. Please note, modifications can NOT begin until you receive an approval.

For processing of this application; submit through your account on the Association's portal, email, mail, or fax as noted below:

C/O Creative Management
5510 River Road, Suite 104
New Port Richey, FL 34652

Telephone 727-478-4909 Fax: 727-255-6468 Portal: <https://portal.creative-mgmt.com> Email: snistor@creative-mgmt.com

Please be sure to include required pictures, samples, property survey, plans and/or specifications so there is no delay/return.

Property Address:

Date Applying :

Daytime #:

Email:

Name of Owner(s):

Approval is proposed for the following modification(s), addition(s), and/or alteration(s) as described below and/or on attached page(s):

Check the applicable boxes and/or describe below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Plumbing Changes | <input type="checkbox"/> Electrical Changes |
| <input type="checkbox"/> Flag Placement | <input type="checkbox"/> Landscaping Additions/Modifications | <input type="checkbox"/> Satellite Dish W/Location |
| <input type="checkbox"/> Exterior Lighting/Landscape Lights | <input type="checkbox"/> Patio Modifications | <input type="checkbox"/> Hurricane Panels/Accordion Shutters |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

THIS IS A RE-SUBMITTAL Yes No

Additional Information/Detail: Attached...Please note you **MUST** provide the following: (If Applicable) **Process will be delayed if missing!**

- | | |
|---|---|
| <input type="checkbox"/> Flooring Type and Noise Barrier | <input type="checkbox"/> Sample(s)/Picture(s)/Brochure(s) |
| <input type="checkbox"/> Electrical and/or Plumbing design detail | <input type="checkbox"/> Material(s) Designation Plan/Sample(s) |
| <input type="checkbox"/> Initial or Revised Plan(s) and/or Specification(s) | <input type="checkbox"/> County Permit (if applicable) |
| <input type="checkbox"/> Landscape design detail | <input type="checkbox"/> Contractor License and Certificate of Insurance (*see below) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

By Initialing below applicant agrees and acknowledges as follows:

_____ Owner agrees to be fully responsible at Owner's sole expense for any and all damages to Common Areas and/or neighboring Lots including, but not limited to, damage from delivery, construction or other vehicles or machinery.

_____ Owner agrees and understands to be responsible for obtaining any necessary permits from the appropriate Building and Zoning Department(s) and all other applicable governmental authorities. Furthermore, owner agrees to comply with the Association Documents including, but not limited to, the Declaration, in all respects.

_____ *Owner shall submit the contractor(s) certificates of insurance naming Magnolia Square Condominium Association, Inc. and Creative Management as additional insured.

Pavers: Must include sample of color & type/size: Paver Color _____ Size Pavers _____

Anticipated Commencement Date:

Owner's Signature:

Anticipated Time for Completion:

Owner's Signature:

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(FOR ARCHITECTURAL REVIEW/PROPERTY MANAGEMENT OFFICE USE ONLY)

Approved Date: _____ X _____
(Signature of ACC Chairperson/OR Board Member)

Disapproved Date: _____ X _____
(Signature of ACC Chairperson/OR Board Member)

Request **APPROVED, subject** request on letter of approval: _____

Request **CONDITIONAL APPROVAL**, condition to be stated on letter of approval: _____

Request **DISAPPROVED, as per explanation** on letter of disapproval: _____