

APPLICATION FOR ARCHITECTURAL REVIEW

NAME OF OWNER: _____

ADDRESS: _____

TELEPHONE NO: _____

PLAN TO BEGIN WORK ON: _____

RETURN COPY OPTIONS:

WILL PICK-UP (Check Here):

EMAIL TO: _____

OR MAIL TO: _____

INFORMATION

General: Thank you for taking the time to complete this application. The MCA appreciates your cooperation and has worked to make the application process to be as simple and efficient as possible. **This application is required when exterior changes are made to any property in The Meadows.** The staff has been given the authority to approve some projects, mostly involving “like for like” replacements. The Restrictions Committee will review those applications not processed by the staff. Some applications, involving unusual colors, architecture, major changes in appearance or departures from the norm, will be sent by the Committee with a recommendation to the Board of Directors for consideration.

Purpose: The purpose of architectural review is to ensure that the high quality standards of The Meadows are upheld. This is promoted when your application is reviewed by qualified people whose goals and objectives are:

1. To conserve the natural beauty and character of The Meadows.
2. To preserve the appearance of The Meadows by ensuring that structures, signs, and other improvements or changes are properly related to their sites.
3. To protect and enhance The Meadows appeal, and to enhance the value of Meadows property.
4. To adhere to the covenants and restrictions applicable to the neighborhoods.

Instructions: You have received one or more sections to complete for the type of project you plan. Each one should be self-explanatory. The MCA staff will assist you by reviewing your application for completeness. Please submit single-sided only. Paper clip together (no staples).

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SECTION 5 – SPECIAL PROJECTS

Sarasota County, and other applicable agencies, may require permits for projects in this category. Examples Are: Wood, block, or concrete construction, electrical, plumbing or air conditioning/heating work. All permits are the responsibility of the applicant.

Describe Project (Attach Plans if Applicable): _____

APPLICANT (PRINT NAME): _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PLEASE NOTE: Approved projects must be commenced within 3 months of approval. Substantial amounts of work must be completed in each 60 day period thereafter.

By signing this application on behalf of the condo/HOA, the signer represents that he/she has the authority to do so.

CONDO/HOA APPROVAL: _____ DATE: _____

(If Applicable) Signature

CONDO/HOA APPROVAL: _____

(If Applicable) Please Print Position on Board

ASSOCIATION NAME: _____

MCA APPROVAL: _____ DATE: _____

(This space for MCA USE ONLY)