

Baytowne West
Exterior Door Replacement Guidelines and Authorization

Date Submitted: _____
Name of Homeowner: _____
Address of work being performed: _____
Phone Number: _____ email: _____
Name of Unit Supporting Agent: _____
Agent Address: _____
Agent Phone Number: _____ Agent email: _____

(Front Entry and Rear Storage Doors)

1. Proof of the contractor's business license and proof of insurance is required to be submitted with this form. Contractors business card may be used for below information.
2. A copy of the City of Safety Harbor building permit must be submitted to the Architectural Control Committee prior to commencement of work and must be displayed in bay window. **Contractor must obtain this approval form and be posted adjacent to building permit in the bay window before any work starting from Owner.**
3. Approved Front Door Replacement: _____
 - a. Solid Door No Glass — must match existing 6 raised panel door. **Contractor Name and Phone Number**
 - b. Door With Glass — must be pre-approved by Architectural Control Committee. i. Must keep with the current raised panel design.
 - ii. Painting contractor will not paint doors with glass. Homeowner is responsible for painting the door to match existing community door color when buildings are painted.
 - iii. Door color may be subject to change based on the decisions of the Board of Directors and or painting committee.
 - iv. Door may not be painted any other color and must comply with the current community door color.
4. Approved Rear Storage Door Replacement:
 - a. Solid Door No Glass — may be flat panel or match existing 6 raised panel door.
5. Contractor must have plywood under the tires of vehicles if backing onto the lawn.
 - a. Contractor/Homeowner will responsible for the cost of any damages to the irrigation system.
 - b. Repairs to the irrigation will be made by the Baytowne West Irrigation contractor.
6. No materials, tools or equipment may be placed or stored on adjoining properties.

I understand that it is my responsibility to ensure these guidelines are followed.

Signature and date of Baytowne West Homeowner:

_____	_____	_____
Homeowner Print Name	Homeowner Signature	Date

_____	_____	_____
Contractor Print Name	Contractor Signature	Date

Signature and date of Baytowne West Architectural Control Committee Members:

Date received: _____ Date notified Owner/Agent: _____ Approved() Disapproved()

_____	_____	_____	_____
ACC Signature	Date	ACC Signature	Date

Architectural Control Committee has 30 days from receipt to review and respond to this application.

If approved, valid for period of 180 days from date of notification to Owner/Agent.

Application must be dropped off at Drop Box next to bulletin board by swimming pool or HOA address.