

BAYTOWNE WEST HOMEOWNERS ASSOCIATION
1355 Wickford St.
Safety Harbor, FL 34695
(727) 799-5040

APPLICATION FOR ALTERATION AND/OR ADDITION

Date submitted: _____

Name of Homeowner: _____

Address: _____

Phone Number: _____ e-mail address: _____

Description of proposed alteration and/or addition. Detailed drawings, site plans and a copy of your property land survey must be included for consideration of your proposal.

Contractors Name: _____

Contractors Address: _____

Contractors Phone Number: _____

Start Date: _____ Completion Date: _____

Homeowner Signature: _____

******* Architectural Control Committee use only *******

Date received: _____ Date Owner Notified: _____

Architectural Control Committee: Approved () Disapproved () Date Reviewed: _____

Comments: _____

If approved, valid for a period of 180 days and will expire on: _____

Signature and date of Architectural Control Committee Members:

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