

**THE RESIDENCES AT HARBOUR POINTE WEST CONDOMINIUM  
ARCHITECTURAL REVIEW APPLICATION**

PLEASE COMPLETE AND RETURN THIS FORM FOR APPROVAL PRIOR TO COMMENCEMENT OF ANY WORK

MAIL TO: THE RESIDENCE AT HARBOUR POINTE WEST CONDOMINIUM

C/O AMERI-TECH PROPERTY MANAGEMENT, INC

24701 US HIGHWAY 19 No. SUITE 102 CLEARWATER, FL 33763

PHONE 727-726-8000 FAX: 727-723-1101

[kquider@ameritechmail.com](mailto:kquider@ameritechmail.com)

PROPERTY OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

- ATTACH PAINT I COLOR SAMPLES, PLANS, PHOTOS AS NEEDED TO DESCRIBE MODIFICATION
- ALL NECESSARY GOVERNMENTAL PERMITS REQUIRED ARE A CONDITION OF APPROVAL
- ALL APPROVALS ARE SUBJECT TO INSTALLATION CONFORMING TO ASSOCIATION DOCUMENTS

PLEASE DESCRIBE, IN DETAIL, THE ADDITION, CHANGE OR INSTALLATION TO BE REVIEWED BY THE BOARD OF DIRECTORS. ATTACH ADDITIONAL PAPERWORK IF NECESSARY.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OWNER SIGNA TURE

FOR USE BY BOARD OF DIRECTORS

DATE RECEIVED \_\_\_\_\_ DATE To ARB \_\_\_\_\_ DATE To HOMEOWNER \_\_\_\_\_

THE ARB's DECISION ON THE PLANS SUBMITTED IS AS FOLLOWS, SUPPORTING DOCUMENTATION MAY BE ATTACHED TO THIS FORM:

APPROVED (MUST CONFORM TO ASSOCIATION COVENANTS & RESTRICTIONS)

PLANS INCOMPLETE, INFORMATION REQUESTED \_\_\_\_\_

APPROVED WITH THE FOLLOWING  
CONDITION \_\_\_\_\_

REJECTED. REASON \_\_\_\_\_

PLEASE RESUBMIT PLANS TO THE BOD WITHIN FOURTEEN (14) DAYS OF RECEIPT OF THIS NOTICE.  
WORK MAY NOT COMMENCE UNTIL THE BOD HAS RENDERED A WRITTEN APPROVAL.

By: \_\_\_\_\_ DATE: \_\_\_\_\_

By: \_\_\_\_\_ DATE: \_\_\_\_\_

Please allow 14 days for the approval of this form.