Architectural Review Application
(Revised January 2020)

Architectural Review Board (ARB)
Harbour Walk Homeowners Association
4103 32nd St W. Suite A-20, Sarasota, FL 34205
Phone: 941-377-3419 ext. 128 Fax: 941-377-6218
kmatt@cscmsi.com

Date: _____ Total Number of Pages Submitted (including ARB Application): _____

Owner(s) Name(s): _____ Phone #: _____

Email: _____ Property Mailing Address: _____

Owner's description of proposed construction/exterior alterations/landscape modifications to property:

_____

_____

____Check here if you have special considerations that fall under HUD guidelines.

Please complete this application form and submit with any required documents. A list of required documents will be found in the *Architectural Review Board Standards* for the Harbour Walk HOA at www.cscmsi.com.

The ARB has 30 days for consideration of each application once all required documentation has been submitted. Work may not commence until written approval is received by the owner. All approvals by the ARB are subject to all applicable easements, building codes and permits REQUIRED by the City of Bradenton Building Department. Satisfaction of such is the responsibility of the Owner submitting the request. A copy of any required permit must be submitted to C&S Management prior to the commencement of any work.

Pools, boat lifts and canal walls may be subject to engineering review at owner's cost. Furthermore, the Owner understands that repair of any deterioration/damage to docks and canal walls as a result of installation or operation of lifts or pools will be solely the Owner's responsibility, must be repaired without delay, and passes to all future successors in title. Approval is contingent on Owner's acceptance and understanding that the HOA will NOT be held liable for any damages as a result of Owner construction.

By signing this application, the Owner hereby submits the above for consideration and grants permission for the ARB to access the Owner's property during daylight hours to inspect the proposed work stated above before, during, and after the work has been completed.

_____
Signature of Owner(s) making request

This application expires six (6) months from date of approval. Please submit to address, fax, or email above.

********FOR ARB USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE********

Date application received: _____ By: _____

Committee Action: [ ] Approved [ ] Not Approved [ ] Additional information required

_____ _____
Date ARB Member Signature

Comments: _____

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