

Asbel Estates

Homeowners' Association, Inc.

ALTERATION APPLICATION

OWNER'S NAME: _____ DATE: _____

ADDRESS: _____ BLOCK: _____ LOT: _____

PHONE: _____ EMAIL: _____

PLEASE DESCRIBE IN DETAIL THE TYPE OF PROPOSED ALTERATION, MATERIALS TO BE USED, ETC. IF MORE SPACE IS NEEDED, YOU MAY ATTACH ADDITIONAL PAGES TO THIS FORM.

All applications requesting approval for any alteration which occurs outside the exterior walls of the building **MUST BE ACCOMPANIED BY A COPY OF YOUR LOT SURVEY WITH THE ALTERATION DRAWN ON IT, SHOWING LOCATIONS, DISTANCES AND DIMENSIONS. INCLUDE A SKETCH INDICATING SIZES, HEIGHTS, MATERIALS, COLORS, TYPE OF CONSTRUCTION AND OTHER PERTINENT INFORMATION AS MAY BE NECESSARY. IF THIS INFORMATION IS NOT INCLUDED, YOUR REQUEST WILL BE RETURNED TO YOU.**

If approval is granted, it is not to be construed to cover approval of any County or City Code Requirements. A building permit from the appropriate building department is needed on most property alterations and/or improvements. The Architectural Review Committee (A.R.C.) shall have no liability or obligation to determine whether such improvement, alteration and/or addition comply with any applicable law, rule, regulation, code or ordinance. It is the owner's responsibility to ensure that they are in compliance with any applicable law, rule, regulation, code or ordinance.

As a condition precedent to granting approval of any request for a change, alteration or addition to an existing basic structure, the applicant, their heirs and assigns thereto, hereby assume sole responsibility for the repair, maintenance and/or replacement of any such change, alteration or addition. IT IS UNDERSTOOD AND AGREED, THAT ASBEL ESTATES HOMEOWNERS' ASSOCIATION, INC. IS NOT REQUIRED TO TAKE ANY ACTION TO REPAIR, MAINTAIN AND/OR REPLACE ANY SUCH APPROVED CHANGE, ALTERATION OR ADDITION, OR ANY STRUCTURE OR ANY OTHER PROPERTY. THE HOMEOWNER AND THEIR ASSIGNS ASSUMES ALL RESPONSIBILITIES FOR ANY CHANGE, ALTERATION OR ADDITION AND ITS FUTURE UPKEEP AND MAINTENANCE.

I agree not to begin the proposed alteration or any other property improvements requiring approval from the A.R.C. until the A.R.C. notifies me in writing of their approval and any conditions attached to the approval. I understand that all approvals automatically incorporate the conditions set forth in the Book of Standards for Community Living, current edition. I understand that the A.R.C. has **up to forty-five days, from receipt of a complete application, including all required accompanying information,** to process, review and either approve or disapprove this **ALTERATION APPLICATION.** **If any change is made that has not been approved, the A.R.C. has the right to require me to remove the improvement from my property.**

OWNER'S INITIALS _____

ALTERATION APPLICATIONS must be submitted for, **but are not limited to**, the following items:

1. Painting of structures, including houses.
2. Fence installations.
3. Swimming pools.
4. Spas.
5. Any gas or fuel tanks whether above ground or buried.
6. Screen enclosures.
7. Satellite dishes.
8. Landscaping changes (such as adding planter/shrub beds, or eliminating major portions of the landscaping. This does not include the planting or removal of annual bedding plants.) It **does include** curbing around planting beds and installing lawn statues, or other lawn ornamentation.
9. Removal and/or installation of trees. See the Pasco County Tree Protection and Restoration Ordinance: <http://www.pascocountyfl.net/devser/sd/dr/ldc/l602.pdf>.
10. Any change, alteration or addition to the exterior of the dwelling, or other existing structure, or the addition of new structures or property.

PLEASE NOTE: WHEN IN DOUBT CALL PREMIER COMMUNITY CONSULTANTS AT 1-866-722-4004 FOR CLARIFICATION BEFORE STARTING ANY PROJECT ON THE EXTERIOR. THE ABOVE LIST IS JUST A SAMPLE AND NOT INTENDED TO INCLUDE EVERY POSSIBLE SCENARIO OR SITUATION.

DATE: _____ OWNER'S SIGNATURE: _____

DATE: _____ OWNER'S SIGNATURE: _____

ACTION TAKEN BY THE ASSOCIATION: _____ DATE: _____

APPROVED: _____

APPROVED WITH CONDITIONS: _____ see attached conditions

NOT APPROVED: _____

Authorized Signature for the Architectural Review Committee

Return Completed Application to:
Premier Community Consultants, Inc. - 18215 Branch Rd, Hudson FL 34667
Phone 1-866-722-4004 Fax (727) 868-8273 Email pamwashburn@pccmgmt.com