# REGENCY KEY HOMEOWNERS ASSOCIATION, INC. ARCHITECTUAL REVIEW APPLICATION

THIS FORM MUST BE COMPLETED AND RETURNED WITH AUTHORIZED ASSOCIATION APPROVAL PRIOR TO THE COMMENCEMENT OF ANY WORK OR CHANGES TO THE OUTSIDE OF ANY REGENCY KEY PROPERTY. THIS INCLUDES, BUT IS NOT LIMITED TO: LANDSCAPING, DOORBELL REPLACEMENT, REPLACEMENT OF WINDOWS OR DOORS, PATIO ENCLOUSURES.

#### **SECTION A: APPLICATION SUBMISSION OPTIONS**

Once your application is filled out, choose one of the following options to submit your application to the association:

- In Person: At the next association meeting or at the "By Mail" address location
- By Mail: Ameri-Tech (Attn: Regency Key HOA), 24701 US Highway 19 N. Suite 102, Clearwater, FL 33763
- Scan & Email: Quan Vo, property manager, at <a href="mailto:qvo@ameritechmail.com">qvo@ameritechmail.com</a>

If not, please provide a brief justification:

• Website: Upload as an attachment at www.regencykey.org under the "Contact" tab

#### **SECTION B: APPLICATION REQUEST DETAILS**

ill out the following information association with your request:
Location of Change(s) - (Check All Applicable Areas):
Front Yard: Back Yard: Patio Exterior: Other:
Required Materials:
Pavers: Landscape Edging: Plants: Windows: Doors:
Concrete: Screen: Electrical: Plumbing: Other:
Please describe the alteration, improvement, addition, etc. being requested:
Who will perform the work (Owner, Contractor, Etc.)?
• If an owner, tenant, or similar, you will need to also fill out and attach a copy of the "Volunteer Waiver" form
found on the <u>www.regencykey.org</u> website for everyone performing the work.
<ul> <li>If a contractor, vendor, or similar, you will need to provide the following information for each:</li> </ul>
o Name:
o Company (If Applicable):
<ul> <li>Contact Information (i.e., Address, Phone, Email):</li> </ul>
<ul> <li>Occupational License # (If Applicable for Request):</li> </ul>
o Provide a copy of their certificate of liability insurance to the association prior to the start of any work.
Is a permit required? Yes No
If "Yes", a copy of the permit(s) must be provided to the association prior to the start of any work.
Varia amplication automicaion marat alea include the faller incl
Your application submission must also include the following: A sketch of the Proposed ChangesAny Pertinent MeasurementsPhotos of your Request

## **SECTION C: OWNER(S) INFORMATION** Owner Name(s): Property Street #: Property Address: <u>Lake Woodberry Circle, Brandon, FL 33510</u> Mailing Address (If Different from Property Address): \_\_\_\_\_\_ Phone #: Email Address: Owner's Affidavit: I have read the governing documents and policies of Regency Key Homeowner Association, INC. and agree to abide by the same. No work will commence without the written approval of the association. In addition, I understand I am responsible for compliance of any associated contractors for this request to abide by association and county rules and regulations. Owner Signature **Print Name** Date Co-Owner Signature **Print Name** Date SECTION D: NEIGHBOR(S) INFORMATION This section is ONLY required if changes include and/or may impact areas in front of or in the back of a neighbor's unit. NEIGHBOR (If Applicable): Owner Name(s): \_\_\_\_\_ Property Address: Lake Woodberry Circle, Brandon, FL 33510 Property Street #: Mailing Address (If Different from Property Address): Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_ Owner Signature Print Name Date Co-Owner Signature Print Name Date NEIGHBOR (If Applicable): Owner Name(s): \_\_\_\_\_ Property Street #: Property Address: Lake Woodberry Circle, Brandon, FL 33510 Mailing Address (If Different from Property Address): Phone #: \_\_\_\_\_ Email Address: \_\_\_\_ Owner Signature Print Name Date Co-Owner Signature Print Name Date SECTION E: ANY ADDITIONAL INFORMATION/COMMENTS BY REQUESTOR

### SECTION F: REGENCY KEY ASSOCIATION REVIEW:

This section is ONLY for use by the Board of Directors and any association committee members approved to make architecture application review decisions.

Date Received:	Date of Review:	
form:		orting documentation may be attached to this
APPROVED (MUST CONFORM T		•
REJECTED. REASON:		
If needed, please resubmit the applicatio commence until authorized approval has	been given by the Regency Ke	y Homeowners Association.
TWO AUTHORIZED SIGNATURES REQUIR	ED FOR ASSOCIATION APPRO	<u>VAL:</u>
Signature of	Print Name	Date
Board of Director/Committee Member		
Signature of	Print Name	 Date
Board of Director/Committee Member		
ADDITIONAL INFORMATION/COMMENTS	FROM ASSOCIATION (If Applic	cable):