

Gull Aire Village Association
151-B Gull Aire Blvd., Oldsmar, FL 34677
Phone: 727-785-0643

ARCHITECTURAL CHANGE APPLICATION

The undersigned property owner requests approval of the Architectural Committee (A/C) for the following proposed improvements, additions or alterations to the exterior of the home or property. GAVA documents require that all improvements, additions or alterations to the exterior of your home or property as specified in the A/C Guidelines be approved in writing by the Architectural Committee, and Oldsmar permit, if required. No final approval will be given by the Architectural Committee and the Board of Directors until permit from the city is turned into the Architectural Committee, if needed. By submitting this application, you are agreeing to allow the A/C & Board to inspect this project at any time.

Narrative Description of Additions/Alterations: _____

(Continue on back if necessary)

This application must include:

1. A sketch of proposed changes.
2. A description of materials and colors to be used.
3. An approximate length of time the proposed changes will take to complete. More than 180 days from start to completion will require a special exception from the A/C.

I hereby acknowledge and agree that I shall be solely responsible for determining whether the improvements, alterations or additions described herein require City of Oldsmar permits and or variances. I also acknowledge and agree that the A/C shall have no liability or obligation to determine whether such improvements, alterations, or additions comply with city or county laws, rules, regulations or ordinances.

Signature of Owner: _____ Date: _____

Printed Name: _____

Street Address: _____

Phone: _____

Please drop completed application in the Architectural Committee box in the office or mail it to the address above, Attn: Architectural Committee. The Architectural Committee has 30 days to review and respond per GAVA documents either by mail or, if you prefer, by e-mail. E-mail address: _____

ACTION OF THE COMMITTEE:

____ Approved

____ Denied for the following reason(s) _____

ARCHITECTURAL COMMITTEE Chairperson _____ Date: _____

____ Date decision is mailed or e-mailed to owner

ALL DENIED APPLICATIONS ARE SENT TO THE GAVA BOARD OF DIRECTORS FOR REVIEW:

____ Approved by Board

____ Denied by Board

Signature of BOD President _____ Date: _____

GAVA Completion Form for Architectural Committee [A.C.]

The Architectural Committee has approved the application for your project. When your project has been completed, please return this form to the Chairman of the Architectural Committee. **If a city/county permit was required for this project, a copy of the signed completed permit must be attached.** By submitting this form, you are agreeing to allowing A.C. and GAVA Board members to inspect this project at any time.

Project: _____

Complete and return form to Chairman of the Architectural Committee:

The undersigned is the Owner of the Residence located at:

Street Address:

The work of improvement on the above described residence was completed on _____ [day, month, year] in accordance with the Architectural Committee's written approval through the owner's plans and submittal package.

Name of Owner [printed]: _____

Signature of Owner: _____

Date: _____

Inspected by:

Architectural Committee Member

Date

Approved by:

GAVA Board Member

Date

GAVA Board Member

Date