

**Harbor Springs of Palm Harbor Homeowners Association, INC.
Request for Architectural/Landscaping Changes**

Request From: _____ Date: _____

Address: _____ Phone: _____

Alternate Address: _____ Phone: _____

Email Address: _____

DOCUMENT CHECKLIST (To be submitted at time of request)

<input type="checkbox"/> Permit	<input type="checkbox"/> Photos	<input type="checkbox"/> Details	<input type="checkbox"/> Paint Color Samples
<input type="checkbox"/> Specifications	<input type="checkbox"/> Vendor Information	<input type="checkbox"/> Building Plans	

Description of Modification Requested:

Contractor: _____
Address: _____
Certificate of Insurance: _____
Occupational License #: _____

HOMEOWNER'S AFFIDAVIT

1. No work or commitment of work will be made by me until I have received written approval from the association.
2. All work will be done at my expense and all future upkeep will remain at my expense.
3. All work will be done expeditiously once commenced and will be done in a good workman-like manner by myself or a contractor.
4. All work will be performed at a time and in a manner to minimize interference and inconvenience to other unit owners.
5. I assume all liability and will be responsible for all damage and/or injury which may result from performance of work.
6. I will be responsible for the conduct of all persons, agents, contractors and employees who are connected with this work.
7. I will be responsible for complying with and will comply with all applicable federal, state, and local laws, codes, regulations and requirements in connection with this work and I will obtain any necessary governmental permits and approvals for work. I understand and agree that the association, its board of directors, its agent and the committee have no responsibility with respect to such compliance and that the board of directors or its designated committee's approval of this request shall not be understood as the making of any representation or warranty that the plans, specification, or work comply with any law, code, regulation or governmental requirement.

I HAVE READ THE DEED RESTRICTIONS AND POLICIES OF HARBOR SPRINGS OF PALM HARBOR HOMEOWNERS ASSOCIATION, INC. AND AGREE TO ABIDE BY THE SAME.

Signature of Applicant: _____ Date: _____

PLEASE SUBMIT THIS FORM ALONG WITH YOUR INFORMATION TO:

Monarch Association Management, INC
500 Alt. 19 South
Palm Harbor, FL 34683
Email: Cindy@MonarchAM.com

<input type="checkbox"/> Approved by the Board of Directors/ARC	Date: _____
<input type="checkbox"/> Insufficient information; please resubmit	Date: _____
<input type="checkbox"/> Not approved by the Board of Directors/ARC	Date: _____