

**Varsity Lakes Owners' Association, Inc.
Request for Architectural Review Board Approval**

PROPERTY ADDRESS _____ **PHONE:** _____
OWNER'S NAME _____ **PHONE:** _____

PLEASE CHECK APPROPRIATE LINE(S) BELOW

REQUEST FOR: **ADDITION** **MODIFICATION TO** **REMOVAL OF**
 ARCHITECTURE: Plans, Plat and materials list are **REQUIRED**.
 LANDSCAPING: Sketch is **REQUIRED** showing change(s) and types of plants, pavers, etc. to be used.

Owner Assurances: I understand and agree:

- That ARB approval does not constitute any representation or warranty of the quality of work performed;
- That I am solely responsible for determining that the contractor's performance is satisfactory;
- That **PRIOR TO WORK COMMENCING**, I must submit proof of every contractor(s) license and insurance to **SENTRY MANAGEMENT, INC.**;
- That I am solely responsible for compliance with **ALL APPLICABLE GOVERNMENT REQUIREMENTS** including, but not limited to Permits, Inspections, and Building Codes;
- That this request will be disapproved if submitted without the required documentation;
- That I, the undersigned owner(s) or owner's legal representative, accept the responsibility for any and all structural or other damage resulting from work done on or at my property. I also understand that this responsibility transfers to all subsequent owners upon the sale or transfer of this property.

DATE: _____ SIGNATURE: _____

(FORM MUST BE SIGNED AND ALL PAGES SUBMITTED IN DUPLICATE)

Note: LESSEES MUST PROVIDE NOTARIZED OWNER'S SIGNATURE OR A POWER OF ATTORNEY.

Describe Addition/Modification/Removal: _____ No. of additional sheets attached

ARB USE ONLY **DATE:** _____

APPROVED **DISAPPROVED** (see below)
 APPROVED WITH THE FOLLOWING CONDITIONS:

ARB COMMITTEE SIGNATURES:	BOARD OF DIRECTORS SIGNATURES

Submit to: Sentry Management, Inc., 6330 Techster Blvd., Suite 1, Ft. Myers, FL 33966-4793
(Phone: 277-0112 Fax: 277-0114)

(If more convenient, you may submit your request to any VLOA Board Member)

OFFICE USE ONLY: **DATE RECEIVED:** _____ **DATE SENT TO ARB:** _____