

BEACON WOODS EAST HOMEOWNERS' ASSN., INC.
8421 Clayton Blvd., Hudson, FL 34667
Phone: 727-863-5447 Fax: 727-863-5338
Email: bwe@westpasco.us

Request for Architectural Control & Deed Restriction Committee

Beacon Woods East Deed Restrictions require members to request permission to make any and all EXTERIOR additions, modifications, improvements, alterations, or changes to the building structure, or to the lot, (including re-roofing the same color) IN WRITING BEFORE any work on the exterior of the property is commenced.

Please complete this form along with the required site plans, type of project, location, distance from the property lines (front, sides, rear), materials to be used, shape, dimensions, including height and color of any proposed structure, as applicable.

Date: _____

Name: _____

Lot No. _____ Address: _____

Phone: (day) _____ Evening: _____ Email: _____

Alternate Address: _____

City: _____ State: _____ Zip: _____

Estimated Start Date: _____ Estimated Completion Date: _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF PROPOSED PROJECT:

I. ROOF:

Type: _____ Color: _____ Brand Name: _____

II. EXTERIOR: (check one) STRUCTURE: _____ LOT: _____

Addition: _____ Alteration: _____ Modification: _____ Improvement: _____

III. ATTACHMENTS: Diagram: _____ Site Plan: _____ Other: _____

IV. DISTANCE FROM PROPERTY LINE: Front: _____ Side:(L) _____ (R:) _____ Rear: _____

Project must commence no later than 5 p.m. on the sixtieth (60th) day after the date of final approval. Projects not started within that period must be resubmitted for a new Architectural review by Beacon Woods East.

HOMEOWNER STATEMENT

I have read the covenants and restrictions of Article V, Architectural Control, Section 1. Generally and Article VII. Use Restrictions Section 10. (h), Modifications, of Beacon Woods East Homeowners' Assn., Inc., and I agree to abide by such covenants and restrictions. No work will be commenced without the approval of the Association.

(Signature)

BERKLEY WOODS

Approved: _____ Not Approved: _____ Insufficient Information: _____

Signature: _____ Date: _____

BEACON WOODS EAST

_____ **Approval Pending Final Inspection by Association**

Signature: _____ **Date:** _____

_____ **Insufficient information submitted:** _____

_____ **Not approved:** _____

Signature: _____ **Date:** _____

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Final Inspection was done on _____

Approval by the Architectural Follow-up committee: _____

Non Approval: _____