

ROTONDA WEST ASSOCIATION, INC.  
RESIDENTIAL MODIFICATION APPLICATION

This form must be completed and approved prior to the start of work for any exterior modification on any property in the Rotonda West Association, Inc. Please include all details such as dimensions, materials, color (chip), design, and other pertinent data. A site plan is also required for some modification requests (fences, paving, etc).

**Initial:**

\_\_\_ This Application is valid for SIX (6) months from the date of approval. All work must be Completed within this time frame. ***If work is not complete within the SIX (6) months, a NEW application must be submitted.***

\_\_\_ A **Complete** description and location of the proposed work, materials & colors including any manufacturer's brochures must be attached. A picture of the area of the home where the modification is proposed must be provided. If you are painting the exterior of your home, please attach color sample(s). Also, wherever trim will be painted, a picture of those areas is required as well.

\_\_\_ An inspection of the property will be done thirty (30) days after the work starts and at Completion.

\_\_\_ Please read the attached guidelines that pertain to your project.

\_\_\_ The Committee meets on the 2<sup>nd</sup> & 4<sup>th</sup> Mondays of each month at 2PM in the Community Center.

\_\_\_ If you have any questions, please contact 941-697-6788.

LOT: \_\_\_\_\_ Subdivision: \_\_\_\_\_

**PLEASE NOTE: THIS APPLICATION IS VALID FOR SIX (6) MONTHS!**

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Owner/Authorized Agent)

**ROTONDA WEST ASSOCIATION, INC.**

**APPROVAL/DISAPPROVAL**

**Modification:** \_\_\_\_\_

**Subdivision:** \_\_\_\_\_ **Lot Number:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_

**Owner Phone:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Owner/Authorized Agent (signature):** \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_ **Contractor Phone:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_

**Date Disapproved:** \_\_\_\_\_

**Comments:**

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