

TURTLE ROCK COMMUNITY ASSOCIATION, INC.

8500 Turtle Rock Blvd., Sarasota, FL 34238

OFFICE: 941-870-9855 FAX: 941-870-9652 E-MAIL: communitymanager@myturtlerock.com

REQUEST FOR ARCHITECTURAL REVIEW COMMITTEE (ARC) PAINTING APPROVAL

The undersigned homeowner seeks approval of the ARC to paint the following:

MANUFACTURER'S COLOR NAME FOR **ALL** AREAS TO BE PAINTED:

WALLS (STUCCO): _____ GARAGE DOOR: _____

TRIM: _____ FASCIA, GUTTERS: _____

FRONT DOOR: _____ OTHER: _____

(Initials) I have attached manufacturer's paint chips (reproductions not accepted) for **all** colors above and have labeled each to identify the area to be painted.

(Initials) I have painted one square foot samples of **all** colors above on my home for ARC review.

(Initials) The wall color above is noticeably different from the homes adjacent to or directly across the street from mine.

NOTE: INCOMPLETE REQUESTS WILL BE RETURNED WITHOUT CONSIDERATION

The undersigned property owner hereby acknowledges and agrees to be solely responsible for determining whether the improvements, alterations or additions described herein comply with all applicable laws, rules, regulations and codes or ordinances, and that all required permits will be obtained. Neither the Turtle Rock Community Association nor the ARC shall have any liability or obligation to determine whether such improvements, alterations and additions comply with such laws, rules, regulations, codes and ordinances. No substitutions, changes and/or alterations to the submitted plans are permitted without written approval by the ARC. Somerset and Savannah residents must have prior approval by their ARC Representatives.

WORK MAY NOT BEGIN WITHOUT PRIOR ARC APPROVAL

A fine may be imposed for work started prior to approval. It is the owner's responsibility to notify ARC upon completion.

Name of Applicant (print) Signature Date

Address Telephone#

E-Mail Address Contractor (if applicable)

DECISION OF THE ARCHITECTURAL REVIEW COMMITTEE:

APPROVED _____ DENIED _____ TABLED _____ FINAL APPROVAL _____

Work to be completed within _____ (3) months _____ (6) months of approval.

Date:

Chairperson, TURTLE ROCK ARC

PRIOR APPROVAL IF REQUIRED:

SOMERSET ARC: _____ Date: _____

SAVANNAH ARC: _____ Date: _____