

**ORCHID COVE CONDOMINIUM ASSOCIATION INC.  
REQUEST FOR ARCHITECTURAL CHANGE**

**PLEASE ALLOW TWENTY (20) DAYS FOR PROCESSING**

The undersigned Owner proposes an Architectural Change to Unit No. \_\_\_\_\_, Marsh Orchid Circle, Bradenton FL 34203 which requires PRIOR approval by the Board of Directors. This form is to be completed by the homeowner and submitted for approval BEFORE any work commences.

**DATE** \_\_\_\_\_ **OWNER NAME** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

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**Nature of Improvement**

\_\_\_\_\_  
\_\_\_\_\_

(Examples: Lanai Changes, Hurricane Protection, Exterior Lighting, Driveway, Sidewalk)

**Color** \_\_\_\_\_ (if relevant, provide color chip of sample)

**Estimated Start Date** \_\_\_\_\_ **Days to Complete** \_\_\_\_\_

**Contractor/Vendor** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

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Attach a drawing or sketch to this request showing all proposed improvements including relationships to existing structures, landscaping. Photographs or brochure pictures should be submitted if available.

Per the Governing Documents, OWNERS ARE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION SUPPLIED AND WORK/ACTIONS OF THE PERSONS UNDER THEIR EMPLOY, DIRECTION OR AUTHORITY.

Supervise the work to ensure that damage to common areas or owners' property does not occur or is corrected in a timely manner.

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In applying for the above architectural change to my property, I agree to the best of my ability to comply with the plans as submitted, and will ensure that all state, county and local codes and permits are met.

**OWNER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**RETURN COMPLETED APPLICATION TO:**

Orchid Cove Condominium Association  
C/O Progressive Community Management  
Attn: Judie Littell  
3701 South Osprey Ave  
Sarasota FL 34239-6848

Contact info for Judie Littell at Progressive Community Management:

- [JLittell@PCMFLA.com](mailto:JLittell@PCMFLA.com)
- 941-921-5393 Ext. 1135
- Fax: 941-923-7000

**(FOR BOARD MEMBER USE ONLY)**

The Board of Orchid Cove Condominium Association hereby APPROVES the request for architectural change with the following restrictions:


**BOARD MEMBER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

The Board of Orchid Cove Condominium Association hereby DENIES the request for architectural change for the following reasons:


**BOARD MEMBER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_