

Tuscany Homeowners Association, Inc.

(ARCHITECTURAL REVIEW BOARD (ARB) APPLICATION)

The mission of the Tuscany Homeowners Association is: To institute and enforce rules, regulations, and legal restrictions designed to ensure that the Tuscany neighborhood is a safe, attractive and desirable community where property values and resident satisfaction are maximized.

Name _____ E-Mail Address _____
Street Address _____ Telephone Number _____

In accordance with the Declaration of Covenants, Conditions and Restrictions and the Associations rules and Regulations, I hereby request your consent to make the following changes, alterations, renovations and / or additions to my property

ONLY ONE REQUEST PER APPLICATION: Fence _____ Exterior Paint _____ Roof _____ Landscaping _____
Patio _____ Sod Replacement _____ Screen Enclosure _____ Pool _____ Other _____

Description: _____

Project Start Date: _____ Anticipated Completion Date: _____

(ARB APPLICATION REQUIREMENTS): YOU "MUST" attach a copy of all necessary paper work associated with the job and or samples related to the job being performed to the application.

(PLEASE NOTE:) ARB APPLICATIONS WILL BE DENIED IF THE APPROPRIATE INFORMATION IS NOT PROVIDED!!!

I / We hereby understand and agree to the following stipulations:

1. No work will begin until approval is received from the Tuscany Homeowners Association.
2. All work will be done expeditiously once started and will be of good quality workmanship by a licensed contractor or by myself. Contractor signs may be installed only while the job is being done.
3. All work will be performed in a manner to minimize interference and inconvenience to other residents.
4. I/We assume all liability and will be responsible for all damage to other lots and/or common areas or personal injury which may be a result of the work being done.
5. I/We will be responsible for the conduct of all persons, contractors, employees, connected to the job.
6. I/We will be responsible for complying with and will comply with all Federal, State, and Local Laws, Codes, Regulations and Requirements in connection with this work being done.
7. I/We will be responsible to insure all necessary governmental permits and approvals for the work to be done.
8. I/We will be responsible to contact the underground cable locating service (Sunshine811.com or call 811) 48 hrs. prior to digging if needed. There is no charge to homeowner for this service.
9. Upon receipt of this application, your ARB representative will review your application to verify that it is in compliance with Tuscany's Rules and Regulations. Once approved or denied, your application will be returned to you.

Signature of Owner(s) _____ Date: _____

Forward your completed ARB Application to the Community Oversight Committee Representative.

HOA USE: Approved _____ Denied _____ Date: _____ Approved Signature of HOA Board Member: _____ Form Revised: December 2020
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