

## Seagrove West Architectural Change Request

Please return this form to Elliott Merrill Community Management, via email at [loris@elliottmerrill.com](mailto:loris@elliottmerrill.com), mail to 835 20<sup>th</sup> Place, Vero Beach, FL 32960, or fax to 772-569-4300.

**\*\*All ARC requests that involve construction require a construction deposit of \$2,500 per the association's documents. This should be made payable in form of a check payable to Seagrove West HOA and submitted with this form\*\***

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Description of Change \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Additional documentation such as blueprints may be required by the committee. Approval by the committee means that your proposed change fits the aesthetics of the community. It does not mean that the community certifies structural integrity. You may need a building permit and inspection for certain changes to your home.*

I (we), the applicant(s) herein, certify and represent as follows:

1. I (we) am/are the legal owner(s) of the above-described unit.
2. The work, if approved, will be done promptly and properly by appropriately licensed contractors if necessary.
3. I (we) accept and acknowledge that the responsibility for maintaining, up keeping, etc. of the improvement/change shall solely be mine (ours), successors, assigns and subsequent property owners.
4. All work and the consequences thereof are solely at our risk and expense. We understand and hold the Association and the Board of Directors harmless on account of any consequences resulting from this approval, if granted.
5. Certain changes may affect the site plan, final survey or Certificate of Occupancy at my (our) unit and the Consequences thereof are solely at my (our) risk.
6. No representation by the Association or the Board, either expressed or implied, is assumed hereby.

You may only proceed with the requested change after you have received written permission from the Architectural Review Committee. Projects must begin within 90 days of approval.

**I have read and agree to all of the conditions listed above, and I agree to abide by the decisions of the architectural committee.**

\_\_\_\_\_  
(Signature of Homeowner) Date \_\_\_\_\_

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### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Deposit Check required: YES OR NO (*circle one*)

Deposit Check # (if required) \_\_\_\_\_ Date Received: \_\_\_\_\_ Deposit Returned: \_\_\_\_\_

Final Inspection Completed by \_\_\_\_\_ on \_\_\_\_\_.