



**BRIARWICK**  
at RIDGEMOOR

24701 US Hwy 19 North, Suite 110  
Clearwater, FL 33763  
TEL. (727) 451-7902 FAX (727) 451-7912

## BRIARWICK HOMEOWNERS ASSOCIATION, INC APPLICATION FOR EXTERIOR ADDITION OR MODIFICATION

Before filling out please read the Briarwick documents and community standards and policies and review local ordinances. These documents in PDF format can be and downloaded from our website at [www.briarwick.org](http://www.briarwick.org).

If you have questions please call our Property Manager at the above number or email at: [mfritzler@lelandmanagement.com](mailto:mfritzler@lelandmanagement.com).

**When appropriate to the requested addition or modification, attach the following:**

1. Two (2) copies of the property survey that shows the locations of the proposed change, alteration, renovation or addition.
2. Two (2) drawings of your plan(s).
3. Paint or stain color number from the approved color wheel, OR attach two (2) color sample swatches if different from the approved color wheel.
4. Elevation and building material description (color, attach or supply two (2) samples when possible)
5. Selected contractor contact information and copies of license/workers compensation/liability Insurance
6. Building permit
7. Proposed start date and completion date (If the work is not started or completed within 6 months of approval, this application must be re-submitted for an extension) Homeowner is to notify the Association when the work has been completed
8. **Work MAY NOT begin prior to written approval from the Association.**
9. Send completed forms to above address, or email to: [arbtampa@lelandmanagement.com](mailto:arbtampa@lelandmanagement.com)

Note: Applications submitted by fax or without two (2) copies of the survey, drawing, or color sample will be considered incomplete. If an application is incomplete, it will not be processed and will be returned to you. Upon receipt Leland Management, Inc. will forward the ARB Application to the Association. I will be notified in writing when the application is either approved or denied.

Upon signing this request, the homeowner understands that the Architectural Control Committee functions only to recommend to the Board of Directors the acceptability of the appearance of changes to the building exterior, the community or land. There is no intention, expressed or implied, to approve or disapprove any equipment, its function, contractor or sub-contractor, or to make any representation that it meets applicable county codes or permitting requirements. The homeowner also accepts all responsibility for the maintenance of operation and/or appearance of any installation, change or addition and required permits.

**It is also understood by the owner that the association, its' board of directors and their agent is not responsible for determining compliance with local zoning or permitting requirements. For any work which a permit is required, a copy of the permit must be filed with the association after approval of the board of directors and prior to commencement of construction. The homeowner undertakes all responsibility for compliance with construction to building code standards and permitting and approval of the application does not, in any fashion, constitute a waiver or exception from applicable codes or permit requirements.**

**As per ACC Guidelines, Paragraph 20, section d: Construction materials MAY NOT be placed in the street.**

Initial: \_\_\_\_\_

Return this page with your application.



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NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BRIEF DESCRIPTION OF REQUEST(S) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

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**ARCHITECTURAL CONTROL COMMITTEE RECOMMENDATION**

Date: \_\_\_\_\_

Request is:    Approved: \_\_\_\_\_  
                  Denied: \_\_\_\_\_  
                  Pending: \_\_\_\_\_

Approval is valid for 6 months

Work to be completed by: \_\_\_\_\_

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

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**ACC Follow Up:**

Work completed satisfactorily per application

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

