

**Gull Aire Village Association**  
151-B Gull Aire Blvd., Oldsmar, FL 24677  
Phone & Fax 727 / 785-0643

ATTN: ARCHITECTURAL COMMITTEE (A/C) Date: \_\_\_\_\_

The undersigned property owner seeks approval of the committee for the following:

- \_\_\_\_\_ Fencing
- \_\_\_\_\_ Improvement
- \_\_\_\_\_ Screening / Partition
- \_\_\_\_\_ Other: \_\_\_\_\_

Architectural approval is required for any alterations to the exterior of the home or property. The above are a list of the most common areas of request but by no means is it a suggestion that they are the only things that require A/C approval. Narrative description of additions/alterations:

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

(Continue on back if necessary)

This application must include:

1. Plot Survey, showing placement of home, dimensions, setbacks, etc. (when changes exceed current footprint of existing structure)
2. Sketch of proposed changes.
3. Description of materials and color chips or samples to be used.
4. An approximate length of time the proposed changes will take to complete. (No more than 30 days from start to completion will be allowed without special exception from the A/C).

The undersigned property owner hereby acknowledges and agrees that (s)he shall be solely responsible for determining whether the improvements, alterations or additions described herein require City of Oldsmar permits and or variances. The Architectural Committee shall have no liability or obligation to determine whether such improvements, alterations, and additions comply with city or county laws, rules, regulations, or ordinances.

**Signature of Owner:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Street address:** \_\_\_\_\_

(To expedite the process, an electronic response to resident will be used when and where possible)

**E- mail address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Architectural Committee has 30 days to review per association documents

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**ACTION OF THE COMMITTEE:**

\_\_\_ Approved

\_\_\_ Denied for the following reason(s): \_\_\_\_\_

ARCHITECTURAL COMMITTEE Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Date decision mailed or e-mailed to homeowner \_\_\_\_\_

**All Denied Applications are sent to GAVA Board of Directors for Review:**

\_\_\_ APPROVED by Board

\_\_\_ DENIED by Board

Signature of BOD President: \_\_\_\_\_ Date: \_\_\_\_\_