

**WESTLAKE AT PLANTATION BAY  
PROPERTY OWNERS ASSOCIATION, INC.  
MODIFICATION REQUEST**

Applicant Name: \_\_\_\_\_

Property Owner Name (if different from Applicant): \_\_\_\_\_

Contractor Name (if applicable): \_\_\_\_\_

Property Address: \_\_\_\_\_

Lot and phase #: \_\_\_\_\_

Phone / Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Email: \_\_\_\_\_

In accordance with the Westlake Declaration of Covenants and Restrictions (C&Rs), I hereby request approval of the ARB to make the following modifications to the residence listed above (check all that apply)

- ☐ **Exterior paint color modification**- Submit color samples and please provide photo(s) of your neighbors (on either side) homes.
- ☐ **Fence installation** - Survey of property with fence location depicted and description of fence is required.
- ☐ **Pool installation**: - drawing of pool and survey with pool location depicted required.
  - ☐ With screen enclosure - **Drawing of screen enclosure required.** ☐ Without screen enclosure.
- ☐ **Driveway modification** - Sample of paver or stain and mark on survey.
- ☐ **Patio addition** ☐ with screen enclosure ☐ without screen enclosure
- ☐ **Landscape modification** - ☐ Tree removal/install (mark tree to be removed) ☐ Additional landscape beds.  
☐ landscape curbing
- ☐ **Description of Modification:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach a detailed (to scale) drawing of your plans and samples of colors and materials, and a copy of your survey and site plan of proposed improvements.**

Submit to the property manager by the Friday before the next scheduled meeting. Meetings are held the second Wednesday and the fourth Thursday of each month. Applications must be filled out completely and support materials submitted before being accepted.

Is this an amendment or additional information to a previous submittal? ☐ YES ☐ No

If yes, approximate date of previous submittal: \_\_\_\_\_

Upon approval, the work shall start approximately (date) \_\_\_\_\_ and be completed by approximately (date) \_\_\_\_\_

I understand that under the covenants, the committee will act on this request and provide me with a written response of their decision within forty-five days of receipt of my submittal by the property manager. I further understand and agree to the following provisions:

1. No work or commitment of work will be made by me until I have received written approval from the ARC or AMC through Property Management.
2. All work will be done at my expense and all future maintenance will remain at my expense.
3. All work will be done expeditiously once commenced and will be done in a good workmanlike manner by myself or a contractor.
4. All work will be performed at a time and in a manner to minimize interference and inconvenience to my neighbors.
  - a. All work will begin within 180 days of approval. All approvals are rescinded if work has not commenced within 180 days of approval. Once an approval is rescinded, I agree to resubmit.
5. I assume all liability and will be responsible for all damage and/or injury which may result from performance of this work.
6. I will be responsible for the conduct of all persons, agents, contractors, and employees who relate to this work.
7. I will be responsible for the work to comply with all applicable federal, state, and local laws, codes, regulations, and requirements in connections with this work, and I will obtain all necessary governmental permits and approvals for the work. I understand and agree that the Westlake Community Association, its Board of Directors, its agents and the ARC and AMC have no responsibility with respect to such compliance and that the Board of Directors or it designated committee's approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications, or work comply with any law, code, regulation or governmental requirement.
8. I hereby authorize members of the RMC to enter upon my property for the purpose of viewing the proposed modifications prior to and after completion of work.

Signature of Applicant: \_\_\_\_\_

Submit this application and support documentation to:

**WESTLAKE POA**  
**PO BOX 1389**  
**ST. AUGUSTINE, FL 32085**  
**Email Applications to: VW@ALSOPCOMPANIES.COM**  
**Office (904) 647-2619**

**FOR PROPERTY MANAGER USE ONLY:**

Application Received: \_\_\_\_\_

Applicant's Name (Print): \_\_\_\_\_

Applicants Address: \_\_\_\_\_

Approved: ☐ Yes ☐ No      Date: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARB Members:

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

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

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

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