

QUAIL FOREST CLUSTER HOMES IMPROVEMENT ASSOCIATION UNIT ONE, INC.

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PROPOSED ALTERATION:**

1. Describe the alteration to be considered (Include a separate handwritten or typewritten description).
2. Attach a copy of the preliminary construction drawings for the improvement. For improvements which require a building permit, attach a copy of the construction documents, which will be submitted to the Pinellas County Building Department.
3. Attach a survey or dimensioned site plan with the proposed construction location on lot. Please include any additional illustrations of the structures, fixed equipment and other physical items included with the alteration to enable an informed review of the Alteration Application.
4. In the event any proposed fixed equipment and/or other physical items included with the alteration can reasonably be deemed to be unsightly or outside of the common exterior design elements and standards of the Covenants & Restrictions, please address and include the additional structural additions and/or new landscaping which will serve to satisfy the common exterior design elements and standards of the Covenants & Restrictions (as can also be identified on the site survey as required in item 3., above).
5. In the event the alteration extends beyond the boundaries of the owned lot, whether fully or partially, please explain and provide the approval of easements and/or permissions granted by the owner of the property outside of the owned lot. In addition, please confirm that full access to exterior utility meters is maintained (as can also be identified on the site survey as required in item 3., above).
6. Contractor must submit a copy of license and insurance with the application.
7. All copies of permits must be submitted to the Association.

CONTRACTOR ENGAGED: \_\_\_\_\_ License #: \_\_\_\_\_

START DATE: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

ADJACENT PROPERTY OWNERS: By your signature you acknowledge that you have been informed of the proposed alteration. NOTE: While the signature of adjacent property owners **is not required** by the Covenants, it is in keeping with the good neighbor policy prevalent in Quail Forest Cluster Homes Improvement Association, Unit One, Inc. and will assist the person(s) being called upon to approve the alteration. If a signature is not obtained by the one seeking approval, provide the No Signature Reason below.

**Adjacent Property Owner #1:**

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

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

No Signature Reason: \_\_\_\_\_

Remarks: \_\_\_\_\_

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**Adjacent Property Owner #2:**

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

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

No Signature Reason: \_\_\_\_\_

Remarks: \_\_\_\_\_

This form is to be submitted along with the documents submitted to the Pinellas County Building Department. These will be copied. The original will be filed in the office with a copy returned to you. **By submitting this Application, the applicant agrees that upon approval the alteration will be completed, without variation, from the approved plans with completion no later than sixty (60) days from approval date.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

Date: \_\_\_\_\_ Signed By: \_\_\_\_\_  
(Authorized Signature)

Title: \_\_\_\_\_

**THE ARCHITECTURAL CONTROL COMMITTEE RESERVES THE RIGHT TO INSPECT THE PROPOSED AND APPROVED APPLICATION UPON COMPLETION OF THE REQUESTED ALTERATION WORK**

SUBMIT COMPLETED FORM AND REQUIRED ATTACHMENTS TO:  
Management & Associates, Inc. 720 Brooker Creek Blvd. #206 Oldsmar, FL 34677  
Attention: Quail Forest Alteration Application / Email: info@mgmt-assoc.com