

# Key Vista Single Family

HOMEOWNERS' ASSOCIATION, INC.

## ALTERATION APPLICATION

OWNER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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

DESCRIBE IN DETAIL, TYPE OF ALTERATION AND MATERIALS TO BE USED:

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(IF MORE SPACE IS REQUIRED, PLEASE ATTACH TO THIS FORM, THANK YOU)

An application requesting approval for any alteration which occurs outside the exterior walls of the building and its lot, therefore, common element, MUST BE ACCOMPANIED BY A COPY OF YOUR LOT SURVEY WITH A SKETCH INDICATING LOCATION, SIZE AND TYPE OF CONSTRUCTION AND OTHER PERTINENT INFORMATION AS MAY BE NECESSARY. **Please mail this application and all supporting documentation, including a check for \$15.00 made payable to Key Vista Single Family HOA: 14914 WINDING CREEK CT. TAMPA, FL 33613.**

If approval is granted, it is not to be construed to cover approval of any County or City Code Requirements. A building permit from the appropriate building department is needed on most property alterations and/or improvements. The Architectural Control Committee shall have no liability or obligation to determine whether such improvement, alteration and addition comply with any application law, rule, regulation, code or ordinance.

As a condition precedent to granting approval of any request for a change, alteration or addition to an existing basic structure, the applicant, their hires and assigns thereto, hereby assume sole responsibility for the repair, maintenance or replacement of any such change, alteration or addition. **IT IS UNDERSTOOD AND AGREED THAT KEY VISTA SINGLE FAMILY HOMEOWNERS' ASSOCIATION, INC. IS NOT REQUIRED TO TAKE ANY ACTION TO REPAIR, REPLACE OR MAINTAIN ANY SUCH APPROVED CHANGE, ALTERATION OR ADDITION, OR ANY STRUCTURE OR ANY OTHER PROPERTY. THE HOMEOWNER AND ITS ASSIGNS ASSUMES ALL RESPONSIBILITY AND COST FOR ANY ADDITION OR CHANGE AND ITS FUTURE UPKEEP AND MAINTENANCE.**

DATE: \_\_\_\_\_ OWNER'S SIGNATURE: \_\_\_\_\_

### **ACTION TAKEN BY THE ASSOCIATION:**

DATE: \_\_\_\_\_ APPROVED: \_\_\_\_\_ NOT APPROVED: \_\_\_\_\_

\_\_\_\_\_  
**AUTHORIZED SIGNATURE FOR THE  
DESIGN REVIEW BOARD**



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Rev. 9/9/2020