

**BAYWOOD COLONY VILLAS ASSOCIATION, INC  
ARCHITECTURAL REQUEST FOR MODIFICATION**

Casey Condominium Management  
4370 S Tamiami Trail Suite 102  
Sarasota, FL 34231  
[receptionist@caseymanagement.com](mailto:receptionist@caseymanagement.com)

Submit the request to Casey Management by mail or email at above address no less than 14 days prior to Board Meeting.

Owner(s) Name \_\_\_\_\_

Address of Unit \_\_\_\_\_ Unit/Lot# \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Include the following information:

1. Describe the modification, noting structural alterations and changes to the external appearance.
2. Provide a dimensional diagram describing the proposed location of the modification to the unit and relative to the adjoining units. (Please use attached graph paper for diagram)
3. Identify materials to be used including color samples.

Submit any additional information supporting your request.

Upon approval of my request for this modification, **I/we will assume all liability for any damage incurred as a result of this modification as well as any additional maintenance costs that may be incurred. I/We also agree to obtain any permits that may be required by Sarasota County for this modification.**

\_\_\_\_\_  
Owner(s) signature

\_\_\_\_\_  
Date

The ARC Committee makes the following recommendation for modification to Unit/Lot # \_\_\_\_\_

( ) Approve

( ) Disapprove

( ) Approve with the following changes \_\_\_\_\_

Chairperson ARC \_\_\_\_\_ Date \_\_\_\_\_

Board of Directors \_\_\_\_\_ Date \_\_\_\_\_

( ) Approve

( ) Disapprove

( ) Approve with the following changes \_\_\_\_\_

Submit to Casey Management by mail or email at [receptionist@caseymanagement.com](mailto:receptionist@caseymanagement.com)

Date received by Casey Management \_\_\_\_\_

Revised May 2019

**BAYWOOD COLONY VILLAS ASSOCIATION, INC**  
**RENOVATION/CONTRACTOR GUIDELINES**

Managed by Casey Condominium Management  
4370 S Tamiami Trail Suite 102  
Sarasota, FL 34231

[receptionist@caseymanagement.com](mailto:receptionist@caseymanagement.com)

These guidelines provide measures to insure the “quiet enjoyment” of our community, limit disturbance to neighbors, and to support unit owners who wish to renovate their units

1. All unit interior remodeling projects, large or small, shall be approved by the Architectural Committee and the Board of Directors prior to work commencing. (Declaration of Condominium, Sections 17 & 18)
2. All unit exterior alterations, large or small, shall be approved by the Architectural Committee and the Board of Directors prior to work commencing. (Declaration of Condominium, Section 18)
3. All projects must have an estimated starting and ending date.
4. Contractors must be licensed and insured.
5. Owner is responsible for any damage done to the common element by the contractor.
6. Work hours are from 8:00 a.m. to 6:00 p.m. Monday through Friday. No work may be done on these holidays: New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas.
7. Dumpsters must have prior approval of the Board and located on the owner’s driveway. Dumpsters must be removed after 21 days. An owner may request second use of a dumpster through the Property Manager.
8. Portable toilets are not permitted without the prior approval of the Board of Directors.
9. No owner or contractor may park vehicles or trailers on the grass except for the delivery of materials and must be removed after loading/unloading. No vehicle or trailer may be kept on the grass overnight.
10. If interior or exterior work is being done, the outside worksite must be cleaned at the end of each day. Repairing damage done to the common element will be the responsibility of the owner/contractor and must be completed by the estimated end date.
11. Failure to follow the Guidelines may result in a referral to the Compliance process. A non-compliant contractor may be prohibited working in Baywood Colony Villas Association.

**I/we have read and agree to comply with the Renovation/Contractor Guidelines**

Owner Name \_\_\_\_\_ Date \_\_\_\_\_  
Unit Address \_\_\_\_\_

Contractor \_\_\_\_\_ Date \_\_\_\_\_  
Name of Company \_\_\_\_\_  
Insurer \_\_\_\_\_  
Certificate/Policy Number \_\_\_\_\_

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Date received by Casey Management \_\_\_\_\_

