



ASSOCIATION ARCHITECTURAL APPROVAL REQUEST

For Unit Additions – Alterations – Improvements

Owner's Name _____

Date: _____

Address _____

The ARC Committee will review all applications and respond within 30-days. Please schedule accordingly.

HOA Office: 4850 Cobia Dr. SE St. Petersburg FL, 33705

Anticipated Start Date: _____

Estimated Completion Date: _____

Type of work to be approved: Provide Complete Description of Improvements (attach additional page if necessary):

Structural changes to include removal of existing wall or load-supporting structural member. * plus 1

Install Satellite Dish

HVAC Air Handler/Condenser/Duct Work Replacement

Install Dryer Vent * plus 1 & 2

Install Patio/Balcony Gate or Barrier

Install Hard Flooring in unit*³ (i.e. tile, wood, laminate) requires installing a sound absorbent underlayment of such kind and quality equivalent or superior to super SAM (sound abatement mat) sound isolation material so as to reduce the transmission of noise to adjoining Units.

Install new Window(s) * Install new Door (s) *

Any/All Plumbing or Electrical Alterations *

Other* _____

***Copies of permits, insurance and plans must be submitted to HOA with request.**

- 1. Submit Notice of Demolition Asbestos Renovation Form. (Form included) A Written Asbestos Survey by a FL Licensed Asbestos Consultant is required to be mailed or delivered to Pinellas County Air Quality Division 10 days prior to the start of approved request. For information: 727-464-4422 or <http://www.pinellascounty.org/environment/airquality/default.htm>**
- 2. Dryer vents cannot be run through the attic or any common areas.**
- 3. Sound abatement must be installed under Tile or Wood flooring material on second floor.**

Please provide the following information:

Contractor Name (if applicable): _____

Company (if applicable): _____

Contractor Address: _____

Contractor Contact Phone Number: _____ Email: _____

***BEFORE WORK COMMENCES- Contactors must submit required permits, a copy of their license and an insurance certificate naming Waterside at Coquina Key South as an additional insured. All commercial contractors are required by Pinellas County and City of St. Petersburg proper company identification posted on their vehicles, to include; Company Name, Contractor License and Company Telephone Number.**

As Owner of the aforementioned Unit, I request Association approval to do, at my expense, the requested alterations with the understanding that the all work will conform to the specifications (as applicable), special instructions and/or comments listed below. Any contractor I hire to perform the approved alterations will be licensed, insured and will obtain any permits which may be required by all applicable governmental bodies. I will be responsible for the conduct of the contractors and their personnel, any damage done to the common areas, any cleaning required to the common areas, and properly disposing of any debris left in the condominium common areas resulting from the completion of approved alterations. **(A copy of contractor rules is attached)**. Homeowners may not undertake any alterations as referenced in the Declaration of Condominium without prior approval of the Association. The Association reserves the right to inspect and photograph the project during any phase at its discretion, and I will cooperate to facilitate access if requested.

I also understand that the Association will maintain certain standards for items placed on the condominium's limited common elements, and the Association has the right to require the removal of items from limited common elements that may detract from the aesthetic integrity of Waterside.

PLEASE NOTE: Homeowners are prohibited from penetrating any exterior surface in the limited common elements of the condominium (i.e. balcony walls) without prior permission and instructions from the Association for the purpose of properly securing any impairment to the waterproofing system.

Any current or future damage to any common or limited common area that is a direct or indirect result of this alteration will be the sole responsibility of the owner/applicant to bear any and all cost related to repair of affected areas as well as any resultant legal expense.

Owner's Signature: _____

Date _____

DO NOT WRITE BELOW THIS LINE

ASSOCIATION RESPONSE:

APPROVED NOT APPROVED

REQUEST MORE INFORMATION

**Waterside at Coquina Key South Condominium
Association, Inc.**

Date: _____

Printed Name: _____

Title: _____

Additional Information needed: _____

IMPORTANT NOTE – The Architectural Review Committee is not responsible for determining compliance with structural and building codes, zoning codes or any other governmental regulations, all of which are the responsibility of the applicant. It is the applicant’s responsibility to check with the local building department and to insure that improvements do not impact common are of the condominium property.

Completed Request Forms are to be submitted to the Association Office:

Waterside at Coquina Key South Condominium Association, Inc.

4850 Cobia Dr. S.E. • St. Petersburg FL, 33705

EMAIL: watersideadmin@greenacreproperties.com FAX:

727-895-4158

CONTRACTOR RULES

- Contractors may be on property 8 a.m. until 5 p.m. Monday through Friday and 9 a.m. till 4 p.m. Saturday. All contractors' vehicles must be off property by 5 PM – M to F or 4 pm on Saturday. It would be helpful if contractors packed up equipment and tools a half hour early.
- The office must have 24 hour notice prior for water shut-off so we can post for other residents effected. ***Important*** Association Staff will/must turn off & on water valves.
- Contractors & personnel may go only to the unit or area they are working in. **Work should be performed on the owner's rear patio or balcony, not in front of the condominium residence.** Workers may not wander about the premises or fish. Restrooms at the Yacht Club or other public restrooms are not to be used by contractor crews. No loud or outside music allowed.
- Contractors must immediately notify the Owner and the Association office of any damage caused to any part of the building.
- Waterside makes no provision to dispose of construction debris, large cartons or construction debris generated on site. Contractors may not dump any trash into the compactor. All construction debris must be hauled away.
- Contractors should notify the Association in advance if they are going to use tools that cause excessive noise (jackhammers etc.).
- Contractors may park in spaces near medians. They should not park in front of buildings, except to load or unload.
- Waterside does not provide carts or dollies for contractors use.
- The Association reserves the right to notify the Owner that the HOA will no longer allow the contractor on to the premises due to disregard of the contractor rules.

OWNERS SIGNATURE: _____

CONTRACTOR'S SIGNATURE: _____



**Florida Department of
Environmental Protection**
Division of Air Resource Management

NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

TYPE OF NOTICE (CHECK ONE ONLY): ORIGINAL REVISED CANCELLATION COURTESY

TYPE OF PROJECT (CHECK ONE ONLY): DEMOLITION RENOVATION

IF DEMOLITION, IS IT AN ORDERED DEMOLITION? YES NO

IF RENOVATION:

IS IT AN EMERGENCY RENOVATION OPERATION? YES NO

IS IT A PLANNED RENOVATION OPERATION? YES NO

I. Facility Name _____

Address _____

City _ State _____ Zip _____ County _____

Site _____ Consultant Inspecting Site _____

Building Size _____ (Square Feet) # of Floors _____ Building Age in Years _____

Prior Use: School/College/University Residence Small Business Other _____

Present Use: School/College/University Residence Small Business Other _____

II. Facility Owner _____ Phone (____) _____ Email Address _____

Address _____

City _ State _____ Zip _____

III. Contractor's Name _____ Phone (____) _____ Email Address _____

Address _____

City _ State _____ Zip _____

Is the contractor exempt from licensure under section 469.002(4), F.S.? YES NO

IV. Scheduled Dates: (Notice must be postmarked 10 working days before the project start date)

Asbestos Removal (mm/dd/yy) Start: _____ Finish: _____ Demo/Renovation (mm/dd/yy) Start: _____ Finish: _____

V. Description of planned demolition or renovation work to be performed and methods to be employed, including demolition or renovation techniques to be used and description of affected facility components. _____

Procedures to be Used (Check All That Apply):

<input type="checkbox"/> Strip and Removal	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Bulldozer	<input type="checkbox"/> Wrecking Ball
<input type="checkbox"/> Wet Method	<input type="checkbox"/> Dry Method*	<input type="checkbox"/> Explode	<input type="checkbox"/> Burn Down
OTHER _____			

*MUST OBTAIN PRIOR DEP APPROVAL BEFORE USING A DRY METHOD

VI. Procedures for Unexpected RACM: _____

VII. Asbestos Waste Transporter: Name _____ Phone (____) _____

Address _____

City _ State _____ Zip _____

VIII. Waste Disposal Site: Name _____ Class _____

Address _____

City _ State _____ Zip _____

IX. RACM or ACM: Procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM. _____

Amount of RACM or ACM*

 RACM **ACM**

_____ square feet surfacing material

_____ linear feet pipe

_____ cubic feet of RACM off facility components

_____ square feet cementitious material

_____ square feet resilient flooring

X. Fee Invoice Will Be Sent to Address in Block Below: (Print or Type)

Name:
Address:
City:
State/Zip:

*Identify and describe surfacing material and other materials as applicable: _____

I certify that the above information is correct and that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

_____ (Print Name of Owner/Operator) _____ (Date)

_____ (Signature of Owner/Operator) _____ (Date)

Instructions

The state asbestos removal program requirements of s. 376.60, F.S., and the renovation or demolition notice requirements of the National Emission Standards for Hazardous Air Pollutants (NESHAP), 40 CFR Part 61, Subpart M, as embodied in Rule 62-257, F.A.C., are included on this form.

Check to indicate whether this notice is an original, a revision, a cancellation, or a courtesy notice (i.e., not required by law). If the notice is a revision, please indicate which entries have been changed or added.

Check to indicate whether the project is a demolition or a renovation.

If you checked demolition, was it **ordered** by the State or a local government agency? If so, in addition to the information required on the form, the owner/operator must provide the name of the agency ordering the demolition, the title of the person acting on behalf of the agency, the authority for the agency to order the demolition, the date of the order, and the date ordered to begin. A copy of the order must also be attached to the notification.

If you checked renovation, is it an **emergency renovation operation**? If so, in addition to the information required on the form, the owner/operator must provide the date and hour the emergency occurred, the description of the sudden, unexpected event, and an explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden. If you checked renovation and it is a **planned renovation operation**, please note that the notice is effective for a period not to exceed a calendar year of January 1 through December 31.

- I. Complete the facility information. This section describes the facility where the renovation or demolition is scheduled. This address will be used by the Department inspector to locate the project site. Provide the name of the consultant or firm that conducted the asbestos site survey/inspection. For "prior use" check the appropriate box to indicate whether the prior use of the facility is that of a school, college, or university; residence, as "residential dwelling" is defined in Rule 62-257.200, F.A.C.; small business, as defined in s. 288.703(1), F.S.; or other. If "other" is checked, identify the use. Please follow the same instructions for "present use."
- II. Complete the facility owner information.
- III. Complete the contractor information.
- IV. List separately the scheduled start and finish dates (month/day/year) for both the asbestos removal portion of the project and the renovation or demolition portion of the project.
- V. Describe and check the methods and procedures to be used for a planned demolition or renovation. Include a description of the affected facility components. (Note: The NESHAP for asbestos, which is adopted and incorporated by reference in Rule 62-204.800, F.A.C., requires obtaining Department approval prior to using a dry removal method in accordance with 40 CFR section 61.145(3)(c)(i).)
- VI. Describe the procedures to be used in the event unexpected RACM is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder after start of the project.
- VII. Complete the asbestos waste transporter information.
- VIII. Complete the waste disposal site information.
- IX. List the amount of RACM or ACM of each type of asbestos to be removed. (Note: A volume measurement of RACM off facility components is **only** permissible if the length or area could not be measured previously.) Identify and describe the listed surfacing material and other listed materials as applicable.
- X. Provide the address where the Department is to send the invoice for any fee due. Do not send a fee with the notification. The fee will be calculated by the Department pursuant to Rule 62-257.400, F.A.C.

Sign the form and mail the original to the district or local air program having jurisdiction in the county where the project is scheduled (**DO NOT FAX**). The correct address can be obtained by contacting the State Asbestos Coordinator at: Department of Environmental Protection, Division of Air Resources Management, 2600 Blair Stone Road, Tallahassee, FL 32399-2400.