

REQUEST FOR OAK TREE REMOVAL/TRANSFER APPROVAL

This is a request form to be completed by the homeowner and submitted to the (ACC) Architectural Control Committee for approval **BEFORE** any work commences.

Please complete in its entirety and mail to:

Stillwater Villa III HOA, c/o Sunvast Management, 321 Interstate Blvd. Sarasota, FL 34240

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THIS SECTION TO BE COMPLETED BY THE HOMEOWNER

Stillwater Villa III HOA, INC.

DATE: _____

NAME: _____

LOT #: _____

ADDRESS: _____

PHONE (HOME): _____

PHONE (WORK): _____

EMAIL ADDRESS _____

YEAR OF CERTIFICATE OF OCCUPANCY) _____

REMOVE OAK TREE () HAS TO BE 7 YEARS FROM YEAR CERTIFICATE OF OCCUPANCY WAS ISSUED. CHECK WITH SARASOTA COUNTY FOR THEIR GUIDELINES.

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ESTIMATED TIME OF COMPLETION: _____

TREE AND STUMP REMOVAL HAS TO BE DONE BY PROFESSIONAL SERVICE COMPANY (LICENSED AND INSURED) AND HAS TO FOLLOW ARBORIST GUIDELINE. **HOMEOWNER RESPONSIBLE TO REPLACE ST. AUGUSTINE SOD WITHIN 30 OF TREE REMOVAL.**

NOTE: PER THE GOVERNING DOCUMENTS, OWNERS ARE RESPONSIBLE FOR THE WORK/ACTION OF PERSONS UNDER THEIR EMPLOY, DIRECTION OR AUTHORITY. PLEASE SUPERVISE THE WORK TO ENSURE THAT DAMAGE TO COMMON AREAS DO NOT OCCUR AND IS CORRECTED IF NECESSARY. ALL REQUESTS MUST CONFORM TO THE LOCAL ZONING AND BUILDING REGULATIONS AND OWNERS ARE RESPONSIBLE FOR OBTAINING THE NECESSARY APPROVAL BEFORE YOU DIG: CALL 800-432-4770. Or <http://www.sunshineflorida811.com/> TO LOCATE UTILITIES

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PLEASE DO NOT WRITE BELOW THIS LINE

REQUEST: DATE APPROVED _____ DATE DENIED _____

AUTHORIZED SIGNATURE: _____

(ACC) SIGNATURE: _____

(ACC) Comments or Conditions: _____

DATE RECEIVED BY SUNVAST: _____ SENT TO ACC: _____ SENT TO H/O _____

Fax: 941-378-0322 Phone: 941-378-0260 OR INFO@SUNVAST.NET