# Willow Springs Homeowners Association, INC. (WSHA)

Managed by KEYS-CALDWELL, INC. 1162 Indian Hills Blvd., Venice, FL. 34293
Telephone (941) 408-8293 Fax: (941) 408-8664

## Homeowner's Request for Driveway and Sidewalk Pavers

Owner: _____ Lot #: _____
Address: _____
Phone Number: _____

Proposed Schedule: Project to start: _____
Date for pavers to be delivered: _____
Date for project to be completed: _____

**Paver Specifications:**

1. Coastal Pavers - Aragon color
2. 6x6 and 6x9 pavers installed in an even random pattern with a soldier border
3. Driveway pavers to be 2 3/8" thick (minimum) and sidewalk pavers 1" thick (minimum)
4. Pavers to be sealed with Xylene and resealed as required, but not less than every 5 years
5. Straight down footers to anchor the pavers.

**Approval Process**

1. Owner is to receive written approval on this form before construction is to start.
2. Installation of the new pavers is not to start until the Chairman of the Architectural Committee or President signs off on this form confirming the correct pavers have been delivered.

**Terms and Conditions**

3. Owner assumes full responsibility for maintenance of the modifications herein described, and holds the Association harmless from any liability or damage to the subject property as a result of this modification. All work is to be at the owner's expense. This request is subject to obtaining all applicable county building permits.
4. Any damage to the Irrigation System, GTE, FPL, Verizon, Cable TV or any other utility lines will be at the owner's expense.
5. The project must begin within 60 days of approval.
6. The owner shall notify the Architectural Chairman upon completion of this project.
7. The Association reserves the right to inspect the completed project to ascertain compliance with this request.
8. The owner (by signing this approval request form) agrees to comply with all the requirements on this request form.

Owner's Signature: _____ Date: _____
Date Received: _____ Approved: _____ Disapproved: _____ Notified: _____
Chairman: _____ President: _____
Date of visual tile Inspection: _____ By: _____

Return this completed application in triplicate to the Chairman of Architectural Committee or place in the **Architectural Box located in the Mail Center** by the last day of the month and it will be acted upon at the next regularly scheduled Board Meeting.