



WOODFIELD COMMUNITY ASSOCIATION, INC.  
 DESIGN REVIEW COMMITTEE  
 c/o Management & Associates  
 720 Brooker Creek Blvd, #206  
 Oldsmar, FL 34677  
**DESIGN REVIEW APPLICATION**

Please submit only **one** project per application. Incomplete applications will not be processed.

**Date** \_\_\_\_\_ **Cell Phone** (     ) - \_\_\_\_\_  
**Name(s)** \_\_\_\_\_ **Land Line** (     ) - \_\_\_\_\_  
**Woodfield Street Address** \_\_\_\_\_

The above Homeowner(s) request approval for the following: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Paint Requests (all three must be filled out even if using same color): Please include paint color name, brand, and color number.

Base Color Name/Brand: \_\_\_\_\_ Color Code: \_\_\_\_\_  
 Trim Color Name/Brand: \_\_\_\_\_ Color Code: \_\_\_\_\_  
 Door Color Name/Brand: \_\_\_\_\_ Color Code: \_\_\_\_\_

Please include a site plan drawing, along with dimensions, setbacks, measurements, etc. Describe all materials and include sample paint color chips, roof tile/shingle, etc. and photos if necessary. If you are planning an addition, please include a copy of the blueprints and architectural drawings. An Architectural Review Fee may be required.

**★ Please be advised that any exterior alteration or addition to a lot/dwelling must not commence without written approval from the Design Review Committee (hereinafter DRC). Failure to comply may result in fines up to \$1,000.00 per infraction.**

**Your exterior change may require a Pinellas County permit. Responsibility for obtaining county permits rests with the homeowner. Please contact Pinellas County Building Services at 727-464-3888 or on the web at [www.pinellascounty.org/build/](http://www.pinellascounty.org/build/) for information regarding necessary permits.**

If applying for a fence, play set, addition, or other visible structure you must obtain the signatures of the adjacent homeowners in the space below. Signatures acknowledge notification of the proposed alteration, but do not constitute approval. Neighbors may submit comments or concerns regarding this application to the Property Manager.

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_

Please obtain a return receipt when delivering this application, either by mail or in person, to the address at the top of the application. The burden of proof of delivery rests with the homeowner.

Allow thirty (30) days after the DRC receives your completed application for written approval.

Work must be completed within ninety (90) days of application approval.

Homeowner must notify the Property Manager that work has been completed within ten (10) days after completion.

We hereby submit this application for approval and acknowledge that we have received a copy of the current DRC guidelines governing our request.

\_\_\_\_\_  
 Homeowner Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Homeowner Signature

\_\_\_\_\_  
 Date