

## Lanai Paver Pad Installation Application

Date: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Owner (Print Name): \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

### Use this Form to Install a **NEW LANAI** Exit Paver Pad under Rule XV, Section A.

Submit this form to the Office with an Architectural Review Committee (ARC) Application (available from the Office or internet). ARC will assure Rule provisions are addressed.

The Office will contact you regarding this Application.

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#### 1. Existing Lanai Pad Status?

- \_\_\_\_\_ I have no existing lanai pad.  
\_\_\_\_\_ I have an existing lanai pad which I will remove and properly dispose of at my expense before installing the new pad.

#### 2. Proposed Pad Size?

*Pads cannot exceed 48 inches wide by 48 inches long but owners may opt for a smaller size. **EXCEPTION:** Lanai pad length may exceed 48 inches to reach outer edge of pre-existing plants.*

- a. **Proposed Width?** \_\_\_\_\_ inches wide from outer edge to outer edge. ►
- b. **Proposed Length?** \_\_\_\_\_ inches long from door to outer front edge. ▲  
\_\_\_\_\_ The pre-existing planting **EXCEPTION** applies to my **lanai pad length**.

#### 3. Proposed Pad Color? (You are restricted to one of these colors.)

\_\_\_\_\_ light tan \_\_\_\_\_ terracotta \_\_\_\_\_ light grey

#### 4. Proposed Shape of **Individual Pavers**? (Pavers require a non-skid surface.)

\_\_\_\_\_ Square \_\_\_\_\_ Rectangular (No other shape may be used.)

\_\_\_\_\_ I have attached the required color photo of proposed individual pavers (See Rule XV at A. 1. a)

#### 5. Proposed Shape of **Entire Pad**?

\_\_\_\_\_ Square \_\_\_\_\_ Rectangular only if you checked the **EXCEPTION** at Question 2.

**6. How Will the Pad Be Laid?** *(Pads cannot be laid on a concrete base.)*

**Pad will be laid on:** \_\_\_ six (6) inches of crushed aggregate \_\_\_ small stones  
\_\_\_ gravel \_\_\_ crushed shells \_\_\_ sand or \_\_\_ a combination of the above.  
*(Check all base material you will use.)*

\_\_\_ I will assure the pad slopes slightly away from the building and all pavers and edges will be flat with the ground to avoid tripping hazards.

\_\_\_ I will assure all pavers **abut** each other tightly.

**7. Who Will Install the Pad?** *(See Rule XV, A 1. h.)*

\_\_\_ I will install the pad at my unit due to skills I have.

\_\_\_ Insured Contractor Name/Company: \_\_\_\_\_

*(Complete required contractor information on the ARC Application Form including insurance and information on compliance with any applicable Manatee County Codes.)*

**Certification by Owner:**

I have read and fully understand my obligations under Rule XV regarding this installation, restrictions and responsibilities including paying for this installation.

I understand that, if approved, my installed paver pad is on Vizcaya common property and consequently is subject to Association control.

Owner's Signature: \_\_\_\_\_

**Reserved for Use of the Vizcaya Office**

At the Board of Director's meeting held on \_\_\_\_\_, the Board:  
\_\_\_ approved installation of the paver pad described in this Application; or  
\_\_\_ disapproved installation of the paver pad described in this Application and a disapproval letter will be sent to you.

If your paver pad was approved, please retain this approval for your files and for future purchasers of your unit.

Vizcaya Community Association Manager

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_