

Privacy Garden Paver Pad Installation Application

(Not applicable to pavers inside privacy gardens)

Date: _____ Unit Number: _____

Owner (Print Name): _____

Owner's Phone Number: _____

Use this Form to Install a NEW PRIVACY GARDEN Exit Paver Pad under Rule XV.

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.

1. Existing Privacy Garden Pad Status?

_____ I have no existing privacy garden pad.

_____ I have an existing privacy garden 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: Privacy garden pad length may exceed 48 inches to reach pre-existing sidewalks or pre-existing garbage crib walkways.

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 _____ sidewalk or _____ garbage crib walkway **EXCEPTION** applies to my **privacy garden 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 a color photo/brochure of proposed individual pavers.
(See Rule 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 the 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: _____