

APPLICATION TO THE ARCHITECTURAL REVIEW COMMITTEE

This request form is to be completed by the homeowner and submitted to the Architectural Review Committee (ARC) for approval BEFORE any work commences. No work is to start prior to ARC approval in writing.

Please refer to your Declaration of Covenants and Restrictions for a description of the ARC and its purpose. Be sure to complete this application IN FULL. A copy of the property's survey must accompany this application indicating where the alteration and/or addition are located.

NAME		DATE	
ADDRESS		UNIT #	
PHONE # (Home)		(Work or Cell)	
DESCRIBE THE ALTERATION/ADDITI	ON: (Screen Enclosure, La	andscaping, Statute, etc.)	
LOCATION:			
SPECIFICATIONS: (Copies of plans, e	estimates and/or pictures r	must be attached to this application.)	
DIMENSIONS:			
MATERIALS:			
COLORS:			
from the County/City must be ob	tained by the property of	I Zoning and Building Regulations. All required building owner and of copy of the permit must be present	
	, , ,	ment@gmail.com or fax 407-750-8010	
THIS SECTION IS TO	O BE COMPLETED BY	THE ARCHITECTURAL REVIEW COMMITTEE	
Date Received	Date Approved	Date Denied	
BOARD MEMBER SIGNATURE:	: 		
COMMENTS: _			