

University Woods Architectural Request

Bonneville Pines HOA, Inc.
PO Box 679147
Orlando, FL 32867

Phone: (407) 440-3687
universitywoodsbohpa.com
board@universitywoodsbohpa.com

Owner Name _____

Address _____ **Lot #** _____

Home / Cell Phone (____) ____ - ____ **Work Phone** (____) ____ - ____

Notice to Homeowner

These plans are reviewed for the limited purpose of determining the project with the construction criteria of the Bonneville Pines Homeowners Association. They are not reviewed for function, safety, or compliance with any Governmental Agency. All projects must conform to local zoning and building codes, and the homeowner must obtain all necessary permits if approval is granted.

Description of Improvement

Check all that apply, and list colors, manufacturer, type, style, make, model, etc. as appropriate. The more information you provide, the easier it is for the Board of Directors to render a decision on your request. Use additional paper if necessary.

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Painting | <input type="checkbox"/> Screened Porch | <input type="checkbox"/> Skylights / Solar Panels |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Swimming Pool / Spa | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Garage Door / Front Door / Windows | <input type="checkbox"/> Other Project |

Details: _____

Specifications / Samples Attached? (Circle One) YES NO

Contractor's Name, Phone, and Contact Information (If applicable):

All requests are reviewed on the third thursday of each month. Please mail your request at least a week before the next scheduled Board meeting to avoid delays.

This section to be completed by the Board of Directors

Date received _____ **Date responded** _____

Approved _____ **Denied** _____

Signatures _____

Comments _____

