

## **ARCHITECTURAL REVIEW APPLICATION**

This form is to be completed by the homeowner and submitted to the Architectural Review Committee for approval **PRIOR** to commencement of any work. If there are additional questions please contact the Homeowners Association Board of Directors.

Owner Name	Date
Property Address	Altamonte Springs, FL 32714
Mailing Address (if different)	
Phone	Alternate Phone
color and trim), material specifica	de. Please attach a lot survey, site plans, diagrams, color chips (main tions, photographs, and any information which will adequately describe plans must include the size, number and type of plants that will be
	all applicable zoning and building regulations and it is the property necessary permits upon application approval.
FAILURE TO PROVIDE COMPL	ETE INFORMATION WILL DELAY THE APPROVAL PROCESS
	he Architectural Review Committee it will be forwarded to Homeowners final approval. Once approved you will be notified by a member of the
If your request is denied by the A Association Board of Directors.	chitectural Review Committee you may appeal to the Homeowners
This section to be completed by Architect	ural Review Committee
☐ Approved ☐ Denied	Date
Comments	
ARC Signatures	Board Signature