LAKE RIDGE CLUB HOMEOWNERS ASSOCIATION, INC. APPLICATION FOR THE ARCHITECTURAL REVIEW COMMITTEE

This request form must be completed by the homeowner and submitted to the Architectural Review Committee (ARC) for approval BEFORE any work commences. Please refer to your Declaration of Covenants and Restrictions for a description of the ARC and its purpose.

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THIS SECT	TION IS TO BE COMPLETED BY THE HOMEOWNER
NAME:	DATE
ADDRESS:	
PHONE (Home)	(Work)
EMAIL	
·	N/INSTALLATION: (i.e. Fence Installation, Repaint Exterior, Screen
LOCATION: (attach a copy of a su	rvey showing where the addition is located)
SPECIFICATIONS: (attach copies of	of plans, estimates or pictures)
Dimensions:	
Material(s):	
Color(s):	
necessary permits if your request	to all local Zoning and Building Regulations and you must obtain all t is approved by the Architectural Review Committee.
	E COMPLETED BY THE ARCHITECTURAL REVIEW COMMITTEE
COMMITTEE MEMBERS SIGNATU	Date Denied: JRE:
COMMENTS:	
Forward to:	

Forward to:

LRCARCAPP@gmail.com

or Linda Ellis (352) 404-4116

<u>Linda@camlakecounty.com</u>

Mailing Address: Lake Ridge Club HOA c/o CAM of Lake County 13900 County Road 455, Suite 107 #346 Clermont, FL 34711