

## *Application to the Architectural Review Committee*

This is a request form to be completed by the homeowner and submitted to the Architectural Review Committee before any work commences. Please refer to your Declaration for a description of the Committee and its purpose.

**Please allow thirty (30) days from the time we receive your submission for the results of this review.**

*This section to be completed by homeowner (Please Print!)*

- Association Name : \_\_\_\_\_
- Date of Request : \_\_\_\_\_
- Owner / Property Information :
  - Owner Name: \_\_\_\_\_
  - Lot # / Unit # / Phase #: \_\_\_\_\_
  - Property Address: \_\_\_\_\_
  - \_\_\_\_\_
  - Mailing Address: \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - Phone #'s: \_\_\_\_\_
  - Email \_\_\_\_\_

- Description of Proposed Changes/Additions : (please check one)
  - Fencing  Swimming Pool  Addition  Landscaping  Other (describe below)

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Attach a copy of a plot plan or survey showing where the addition such as a fence, porch, etc. is to be located. All materials, dimensions and finishes must be described in detail and color samples must be attached for any paint or other finishes. All requests must conform to the local zoning and building regulations and you must obtain all necessary permits if your request is approved by the Architectural Review Committee.

*This section to be completed by Architectural Review Committee*

- Denied (see notes below)
- Approved as Submitted
- Approved with Required Changes (see notes below or on attached plans, drawings or survey)

• Review Notes/Comments :

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All approvals are subject to the following:

- A. Property owner must obtain any necessary permits.
- B. Property owner must accept liability for damage to common areas or other property.
- C. Property owner must accept liability for encroachment on or damage to any easements.
- D. All work must be completed within 90 days of the date of this signed approval.

\_\_\_\_\_  
Architectural Review Committee Signature / Date

\_\_\_\_\_  
Architectural Review Committee Signature / Date

*please return form to:*



specialty management company of central florida, inc.  
882 jackson avenue • winter park, florida 32789  
407-647-2622 • 800-962-2622 • 407-647-3226 fax  
www.smcofc.com • specialty@smcofc.com

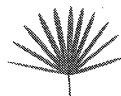
# Architectural Review Application Check List

Before sending in your application for architectural review, please make sure the following items are included:

- Completed application form
- Copy of official lot survey, with location of each modification clearly indicated.
- Specifications, including height, dimensions, size, and description of all materials to be used.
- Color samples (including paint chips).
- Landscape plan must include type of trees and/or plants.
- Brochures, drawings or photos if available.

If all required information is not included with your request, your application may be denied and returned to you for resubmission.

All modifications submitted must comply with applicable laws, rules and regulations, codes, and local zoning ordinances.  
Appropriate city or county permits must be obtained.



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