

NAME OF COMMUNITY: _____

Request for Architectural Change

This request form is to be completed by the homeowner and submitted for approval **prior to any work commencing**. * Any samples attached will NOT be returned. Mail the completed form to:

SRK Residential Communities
6925 Lake Ellenor Dr, Suite 115
Orlando, FL 32809
Fax: 1 (877) 284-0621

If you have any questions concerning this application, please refer to your Declarations of Covenants and Restrictions, or contact the President via phone at (407) 992-8808 ext 8 or via e-mail at Stephen@SRKResidentialCommunities.com

***NOTE:** 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 ARB. This request is valid for 90 days from point of acceptance. All work must be completed within 90 days or a new request will be required to be submitted for approval.

TO BE COMPLETED BY HOMEOWNER

Name:

Address:

Lot No:

Phone:

EMAIL:

Describe the change (i.e. porch, enclosure, etc.):

Location - Attach a copy of lot survey or plan showing location of addition.

Specifications - Attach a copy of plans, and describe the following:

Dimensions:

Materials:

Color: (Attach color samples)

Liability: *I take full responsibility and am personally liable for any damage that may occur to any Association property or that of any neighboring properties during the completion of this project.*

Signature:

Date:

TO BE COMPLETED BY ARCHITECTURAL REVIEW BOARD

Date Received:

Date Forwarded to ARB:

Architectural Review Board Decision:

Request Approved

Request Pending

Request Denied

ARB Members' Signatures

Date

1.

2.

3.

Comments:

Date Decision Communicated to Owner: