## Request for Architectural Change

## NAME OF COMMUNITY: Lake Jessamine Estates

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

If you have any questions concerning this application, please refer to your Declarations of Covenants and Restrictions, or contact our offices via phone 407.992.8808 or via e-mail at ARB@SRKResidentialCommunities.com

Submit the completed form to: ARB@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. po	orch, enclosure, etc.):	<del></del>
Location - Attach a copy of	lot survey or plan showing location of addition.	
	iot survey of plan showing location of addition.	
Specifications - Attach a cop	by of plans, and describe the following:	
Dimensions:		
Materials:		
Color: (Attach color sample	s)	
Liability Waiver: I take full in property or that of any neigh	responsibility and am personally liable for any damage that may o boring properties during the completion of this project.	occur to any Association
Signature:	1	Date:
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ge 1 of 2	Architectural Review Form	SPK_SPRE 1 A

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## Request for Architectural Change

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	<u>Date</u>				
1.					
2.					
3.					
Comments:					
Date Decision Communicated to Owner:					