

ARCHITECTURAL REVIEW APPLICATION

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

NOTE: THE BOARD HAS THIRTY (30) DAYS FROM THE DATE OF RECEIPT OF A COMPLETE APPLICATION TO RESPOND.

Return application and all attachments to:
G&P Management P.O. Box 2775, Apopka, FL 32704
FAXED APPLICATION WILL NOT BE ACCEPTED

THIS SECTION TO BE COMPLETED BY HOMEOWNER

COMMUNITY ASSOCIATION NAME _____

PROPERTY OWNER: _____ DATE: _____

PROPERTY ADDRESS: _____ ZIP _____

MAILING ADDRESS (IF DIFFERENT) _____

PHONE(S) _____ WORK _____ E-MAIL _____

Describe the CHANGE/ADDITION/INSTALLATION: i.e. flag installation, lighting, change in door color, change in paint color, screen porch, addition of landscaping, etc.

LOCATION: (Attach a copy of a plot plan showing where the addition is located relative to the home and the property) NOTE: Plot plan can be found with your closing papers---survey.
(Application will be returned if not completed with this information.)

SPECIFICATIONS: (Attach copies of plans from the contractor or vendor providing the product; as well as any samples, brochures, estimates, COLOR PHOTOS, color swatches, etc.) If change regards painting, COLOR SAMPLES MUST BE ATTACHED.

Dimensions: _____

Materials: _____

Color(s): _____

NOTE: All requests must conform to all 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 THE ARCHITECTURAL REVIEW BOARD

Request: Date Approved _____ Date Denied _____

Board Member's Signature: _____

Comments: _____
