

FOR OFFICE USE ONLY:

DOCKET# \_\_\_\_\_

**Property (Please Print)  
Architectural Review Board (ARB)  
APPLICATION FORM**

**TO BE COMPLETED BY OWNER**

This request form to be completed by the homeowner and submitted the Architectural Review Board (ARB) for approval before any work commences. If you have any questions concerning this application, please refer to your Declaration of Covenants and Restrictions or contact Property First, Inc. at (407) 282-6795,

**Note:** All requests must conform to the local zoning and building regulations and you must obtain all necessary permits if your request is to be approved by the ARB. This request is valid for one year from point of acceptance.

DATE:

PROPERTY OWNER:

PROPERTY ADDRESS:

LOT#:

PHONE (Home):

PHONE (Work):

E-MAIL:

Approval is hereby requested to make the following modification, alteration or additional to my home or lot. By making this request, I hereby agree to repair any damages caused to common or limited common areas as a result of this work and will restore these areas to their original condition with two weeks of completion and I have attached a copy of the specifications.

Have you gotten approval from the City? (circle one):      YES      NO

According to your survey, where are your easements?

Swimming Pool (please attach copies of specifications)

Exterior Colors and Materials (please attach specifications or samples)

Color Code(s):

Landscaping

Fencing

Other

**Owner:**

**Signature:**

**TO BE COMPLETED BY ARCHITECTURAL REVIEW BOARD**

**The ARB's decision is as follows:**

Approved unconditionally.

Plans incomplete – Information Requested:

Approved with the following conditions:

Denied:

Be advised that **no** work can be performed until the ARB has rendered a written, unconditional approval. Thank you for your cooperation.

**By:** \_\_\_\_\_

**Please return form with copy of survey and specifications to:  
Property First, Inc., P.O. Box 4656, Winter Park, FL 32793  
Fax Number: 407 282 6515**