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1631 E. Vine Street, Suite 300, Kissimmee, FL 34744 407.705.2190

## ARCHITECTURAL CHANGE REQUEST

(Please complete both side of the form)

Community Nar	ne:		Date:	
Property Owner	r:Pro	perty Addre	Address:	
Lot No	Telephone Number: (Home)		(Office or other)	
Email Address:_				
	INFORMATION ABOUT THE ARCHI	TECTURAL	CHANGE YOU ARE SEEKING	
$\checkmark$	Mark One or more:			
	Landscape Change		Hurricane Shutters	
	Fence Installation		Screen/Patio Enclosure	
	Color Change/House		Patio Installation	
	Driveway (Pavers, paint or stamped)		OTHER	
	Electrical/Lighting		(Specify)	
	Satellite Dish Roof Replacement			
	ations (be sure to include code and color nam			
	uested		Yes 📃 No 📃	
	r Requested		If yes, color	
Please describe	the type of change you are seeking approval	for. Please	specify any materials or any other information:	



### ARCHITECTURAL CHANGE REQUEST

### ATTACH THE FOLLOWING TO YOUR REQUEST:

- Copy of your property survey is required, marking the area where the work will be performed on your home/lot including dimensions
- Paint: Include paint color samples with the paint name and code
- Contractors' License & Certification of Insurance
- Copy of Contract(s)
- Common Area Security Deposit (if applicable—call for information)

#### PLEASE READ AND SIGN THE FOLLOWING ACKNOWLEDGEMENT:

- ONLY the owner of the subject property may make application for alteration or change
- Application DOES NOT guarantee approval and that any approval must be received, in writing, prior to making the alteration or change sought in this application.
- Architectural Change approval is based upon the aesthetics of the proposed change and does not certify the construction worthiness or structural integrity of the change proposed.
- Applicants are SOLELY responsible for calling the appropriate utilities BEFORE digging, to have all underground services marked. Applicants are SOLELY responsible for any damage or costs associated with restoring service. Applicants are SOLELY responsible for damaged irrigation.
- Applicants are Solely responsible for following all local codes, obtaining proper permits and adhering to set-back requirements when making the change.
- Applicants MAY NOT deviate in any manner from the plan, if approved. Any change will require PRIOR WRITTEN approval.

\* If all necessary items are submitted, most ARB applications are answered within (2) two weeks. However, depending on your HOA documents, they may legally have up to 30-60 days to make a proper decision. \*

Signature of Property Owner:\_\_\_\_\_ Date:\_\_\_\_\_

# ASSOCIATION USE ONLY Date Received: Control Number: \_\_\_\_\_ DATE SENT TO ARB DISPOSITION: APPROVED DENIED CONDITIONS IMPOSED: Signature(s) of ARB \_\_\_\_\_\_ DATE\_\_\_\_\_ DISPOSITION LETTER SENT TO APPLICANT \_\_\_\_\_ by\_\_\_\_\_ 2