

ARCHITECTURAL REVIEW APPLICATION

LAKES AT ALOMA HOMEOWNERS ASSOCIATION, INC.

THIS FORM IS TO BE COMPLETED BY THE HOMEOWNER AND SUBMITTED TO THE ARCHITECTURAL REVIEW COMMITTEE FOR CONSIDERATION PRIOR TO COMMENCEMENT OF ANY WORK. YOU MAY REFER TO YOUR DECLARATION OF COVENANTS AND RESTRICTIONS FOR A DESCRIPTION OF THE ARC AND ITS PURPOSE. THE BOARD OF DIRECTORS APPRECIATES YOUR COOPERATION WITH THE ARC.

PLEASE ALLOW UP TO THIRTY (30) DAYS UPON RECEIPT FOR A DECISION FROM THE ARC.

Towers Property Management

1320 N. Semoran Blvd., Ste. #100
Orlando, FL 32807
Email: arc@lakesofaloma.com
Phone: 407-730-9872
Fax: 407-730-9877

Homeowner's Name: _____ Lot # _____

Mailing Address (If different from Property Address):

_____ Resident's Name: _____

_____ Property Address: _____

E-mail address: _____ Phone: _____ Day _____ Night _____

May the Architectural Review Committee contact you for clarification or questions? ____ Yes ____ No

By signing below, I/We understand the modification cannot begin before receiving approval from the ARC. Furthermore, I/We assume all liability for any damage incurred as a result of this modification as well as any additional maintenance costs that may be incurred. I/We also agree to obtain any permits that may be required by any and all governmental agencies for this modification.

Signature(s): _____ Date: _____

Please complete the following and attach copies of any plans, samples, brochures, estimates, color photos and/or swatches as applicable to your proposed project:

Contractor/Painter/Architect: _____ Phone: _____

PURPOSE OF APPLICATION: (Check appropriate items and include specific details in the space provided below.)

_____ **Fence Plan*** (Include a plat plan showing location of fence AND a photo/brochure showing the fence you are proposing.)

_____ **Pool** (Detail color of any screen enclosure and how pool equipment will be screened from view, if applicable.)

_____ **Landscaping Plan** (Detail plants, turf, shrubbery, trees, etc. to be used; Include a plat plan showing location of landscaping.)

_____ **Construction project**, such as screen room or room addition. (Please detail colors, dimensions and materials to be used.)

_____ **Exterior Color Selections****

Scheme # _____ Body/Garage _____ Trim _____ Door _____

_____ **Stain Color Selection: Attach color sample to this application.**

_____ **Roof Shingle Color**

_____ **Other** (Please specify) _____

****EXTERIOR COLORS MAY BE SELECTED FROM THE APPROVED COLOR BOOK ONLY:**

REMEMBER: Requests and alterations must conform to all local Zoning and Building Regulations. If your request is approved, you are responsible for obtaining the required permits. If your request is denied by the ARC, you may appeal to the Board of Directors for further review. If all required materials or information is not included with this form at the time of submission, the time period does not apply for approval/disapproval.

COMMENTS & RECOMMENDATIONS FROM THE ARCHITECTURAL REVIEW COMMITTEE

Approved: _____
Signature(s) _____ Date _____

Approved: _____
Signature(s) _____ Date _____