Summers Corner Homeowners Association

APPLICATION TO THE ARCHITECTURAL REVIEW BOARD

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 and Restrictions for a description of the ARB and its purpose.

Homeowner Information

Name: _____ **Address:** _____

Phone: _____ **E-mail:** _____

Requested work to be completed

Describe the work to be complete: *(e.g., Fence installation, repaint exterior, screen enclosure, pool, etc…)*

LOCATION: (attach a copy of a survey showing where the addition is located)

_____

Dimensions _____

Materials _____

Colors _____

Repainting House:

Example:					
Body Color	Keystone Gray	**Paint Code**	SW 7504	**Brand**	Sherwin Williams
Body Color		**Paint Code**		**Brand**	
Trim Color 1		**Paint Code**		**Brand**	
Trim Color 2		**Paint Code**		**Brand**	
Garage Door		**Paint Code**		**Brand**	
Front Door		**Paint Code**		**Brand**	

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 Architectural Review Board. All approved work shall be completed within 90 calendar days from the application's approval date. If work is not completed in 90 days, approval is revoked and homeowner shall resubmit their application a 2nd time for review and consideration.

THIS SECTION TO BE COMPLETED BY ARCHITECTURAL REVIEW BOARD

Approval Date: _____ **Denial Date:** _____

Comments:

Forward to: Cheryl Altemose at Cheryl@Altemosemgmt.com or by mail
P.O. Box 1011, Gotha, Florida 34734