## Lawrence Oaks Homeowners Association ARC Application For PAINTING

## PLEASE MAIL OR EMAIL THE COMPLETED FORM TO:

LAWRENCE OAKS HOMEOWNERS ASSOCIATION, INC. c/o Southern Shores Management 6801 Lake Worth, Rd. Suite 350, North Building, Greenacres, FL 33467

## FOR A QUICKER RESPONSE YOU MAY EMAIL THE FORM TO: ARC@LawrenceOaksHOA.com

Date Received		
THIS FORM MUS	T BE USED WHEN REQUESTING A CHANGE TO THE OUTSIDE OF YOUR PR	OPERTY
Homeowners Name:		
Property Address:		
Cell number:	Home number:	
* NOTE: "SEE ATTACHED' below. Failure to complete the description. Include a copy of doing the work, please indicat	**************************************	mber in the space eeded to complete licable. If owner is
Paint Color Body:	Paint Color Garage Door & Trim:	
	e) Must bewhite orpainted to match the part of the house they touch.	
Paint Color Architectural Vent	Inside of vent: outside of vent:	
House is 1 story 2 s	tory	
Date painting will start	Check if painting yourself If using a contractor, is their information attached	?:
	to make the modification(s) as described above, with detailed specifics. I hereby acceleble County Ordinances and Building Codes.	ept responsibility
Owner signature:	Printed name:	
	(DO NOT WRITE BELOW THIS LINE – FOR ARC USE ONLY)	
Date Approved:	Date Disapproved:	
By:	Comments:	
D		

**OWNER ASSUMES FULL RESPONSIBILITY FOR OBTAINING ALL APPLICABLE PERMITS.** APPROVALS EXPIRE AFTER 90 DAYS. IF MODIFICATION NOT COMPLETED 90 DAYS AFTER APPROVAL, A NEW ARC REQUEST MUST BE SUBMITTED. PLEASE ALLOW 30 DAYS TO PROCESS APPLICATION.