

PEMBROOKE HOMEOWNERS ASSOCIATION, INC.
ARCHITECTURAL REVIEW APPLICATION
c/o Sentry Management, Inc.
2180 W SR 434 Suite 5000
Longwood, FL 32779
Melissa Cooper
Phone: 407-788-6700 Ext 51326
mcooper@sentrymgt.com

The Homeowner understands and agrees that **NO** construction will commence in any manner or respect until approval by the Architectural Review Board has been granted. The Homeowner is also informed that it may take as much as 30 working days for approval to take place. **Once your Architectural Review Application is approved and dated, work must be completed within 6 months or a new application must be submitted.** The Committee Chairperson will contact the owner regarding approval or denial of the application:

Name: _____ Email: _____

Address: _____

Lot #: _____ Anticipated Start: _____ Anticipated Completion: _____

Phone #: _____

Please give a complete description of the requested changes. Include lot survey, site plans, diagrams, color chips, materials description, sample products, photographs. All requests must be accompanied by a minimum of a site plan and contractor's plans (if applicable). Please be sure to include a copy of your County Building Department Permit (if the work you are requesting requires a permit).

Home exterior changes include the following. Please "X" all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Fence | <input type="checkbox"/> Home Addition | <input type="checkbox"/> Satellite Dish/Antenna |
| <input type="checkbox"/> Exterior Paint | <input type="checkbox"/> Gutters | <input type="checkbox"/> Play Structure |
| <input type="checkbox"/> Whole House | <input type="checkbox"/> Shutters/Awnings | <input type="checkbox"/> Screen Door |
| <input type="checkbox"/> Trim | <input type="checkbox"/> Chimney | <input type="checkbox"/> Driveway |
| <input type="checkbox"/> Exterior Door | <input type="checkbox"/> Pool | <input type="checkbox"/> Landscape |
| <input type="checkbox"/> Pool Enclosure Screen | <input type="checkbox"/> Patio/Deck | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Propane Tank | <input type="checkbox"/> Solar Panels | <input type="checkbox"/> Spa |
| <input type="checkbox"/> Other: <u>Please explain:</u> | <input type="checkbox"/> Windows | <input type="checkbox"/> Roof (Architectural Shingles Only) |

Description of Work: _____

*Garage doors may be painted the same color as the body or trim of the home only. Accent color is for front door only.

*Failure to provide the above mentioned completed information will delay the approval process.

*MUST BE COMPLETED, SIGNED & SUBMITTED ELECTRONICALLY BY THE HOMEOWNER DIRECTLY TO THE EMAIL ADDRESS LOCATED AT THE TOP OF THIS DOCUMENT. ALTERNATIVELY, YOU MAY SEND THIS FORM VIA REGULAR MAIL BUT MAY REQUIRE ADDITIONAL PROCESSING TIME.

FOR HOMEOWNER(S):

(1) Homeowner Signature: _____ Date: _____

(2) Homeowner Signature: _____ Date: _____