

**ISLEBROOK AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.**

MAIL OR EMAIL FORM TO: 9419 Tradeport Drive, Orlando, FL 32827

PHONE: 407-251-2200 FAX: 800-759-1820 EMAIL: [info@dwdpm.com](mailto:info@dwdpm.com)

**ARCHITECTURAL REVIEW BOARD (ARB) APPLICATION**

Owner Name: \_\_\_\_\_ Tenant Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone(s) Home: \_\_\_\_\_ Work \_\_\_\_\_ Email: \_\_\_\_\_

In Accordance with the Declaration of Covenants, Conditions and Restrictions and the Association's Rule and Regulations, Installation must conform to this approval and the Association's guidelines.

I hereby request consent to make the following changes, alteration, renovations and /or additions to my property.

- ( ) Fence      ( ) Swimming Pool      ( ) Lawn Ornament      ( ) Screen Enclosure      ( ) Landscaping
- ( ) Patio      ( ) Exterior Color      ( ) Lawn Replacement      ( ) Other \_\_\_\_\_

Description: \_\_\_\_\_

Attach two (2) copies of the property survey that shows the locations of the proposed change, alteration, renovation or addition.

Attach two (2) drawings of your plan(s).                      Attach two (2) color samples, if applicable.

**NOTE: Applications submitted by fax or without two (2) copies of the survey, drawing, or color sample will be considered incomplete. If an application is incomplete, it will not be processed and will be returned to you.**

I hereby understand and agree to the following conditions.

1. No work will begin until written approval is received from the Association. You have 60 days from the approval date to complete the work. If not, then you must reapply for ARB approval.
2. All work will be done expeditiously once commenced and will be done in a professional manner by a licensed contractor or myself.
3. All work will be performed timely and in a manner that will minimize interference and inconvenience to other residents.
4. I assume all liability and will be responsible for any and all damages to other lots and/or common area, which may result from performance of this work.
5. I will be responsible for the conduct of all persons, agents, contractors, subcontractors and employees who are connected with this work.
6. I am responsible for complying with all applicable federal, state and local laws, codes, regulations and requirements in connection with this work. I will obtain any necessary governmental permits and approval for the work.
7. Upon receipt DWD Professional Management, LLC will forward the ARB Application to the Association. A decision by the Association may take up to 30 days. I will be notified in writing when the application is either approved or denied.

ALL HOMEOWNERS ARE RESPONSIBLE FOR FOLLOWING THE RULES AND GUIDELINES OF THEIR ASSOCIATION WHEN MAKING ANY EXTERIOR MODIFICATIONS.

Signature of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

**DO Not Write Below This Line**

**This Application is hereby:**      ( ) Approved                      ( ) Denied

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Date Received** \_\_\_\_\_ **Mailed to Assoc.** \_\_\_\_\_ **Mailed to Owner** \_\_\_\_\_