

BELMERE ARCHITECTURAL REVIEW APPLICATION
PLEASE COMPLETE AND RETURN FORM FOR APPROVAL
PRIOR TO COMMENCEMENT OF ANY WORK

MAIL TO: BELMERE HOMEOWNERS ASSOCIATION, C/O SENTRY MANAGEMENT
1645 E . HWY 50 SUITE 201 CLERMONT FL 34711

FAX: (352)-243-4597
EMAIL:CBORRERO@SENTRYMGT.COM

PROPERTY OWNER: _____ DATE: _____

PROPERTY ADDRESS: _____ ZIP: _____

MAILING ADDRESS: _____

PHONE(S): _____ EMAIL _____

- > **PLEASE ATTACH A PROPERTY SURVEY COPY LOCATING EXTERIOR CONSTRUCTION PROJECTS**
- > **ATTACH PAINT/COLOR SAMPLES, PLANS, PHOTOS AS NEEDED TO DESCRIBE DESIRED MODIFICATIONS**
- > **ALL NECESSARY PERMITS REQUIRED FOR THIS PROJECT MUST BE OBTAINED**

DESCRIBE THE ADDITION, CHANGE OR INSTALLATION TO BE REVIEWED BY THE ARB:

() SWIMMING POOL () LANDSCAPING – (Identify plantings and provide Rendering if significant changes)

() SCREENING () FENCE () YARD ORNAMENTS – (Pictures and Placements Needed)

() EXTERIOR COLORS – Attach Sample Colors and/or Provide Paint Vendor Code (Must be from Approved Color Listing

BASE _____ TRIM _____ GARAGE _____ DOOR _____

<https://www.sherwin-williams.com/homeowners/color/find-and-explore-colors/hoa/windermere/fl/belmere/>

() OTHER (Please Describe in Detail – Add additional Sheets if needed) _____

OWNER SIGNATURE

OWNER SIGNATURE

FOR USE BY ARCHITECTURAL REVIEW BOARD

DATE RECEIVED _____ DATE TO ARB _____ DATE TO HOMEOWNER _____

THE ARB'S DECISION ON THE PLANS SUBMITTED IS AS FOLLOWS.

() APPROVED (MUST CONFORM TO ASSOCIATION COVENANTS & RESTRICTIONS)

() PLANS INCOMPLETE, INFORMATION REQUESTED _____

() APPROVED WITH THE FOLLOWING CONDITION _____

() REJECTED REASON _____

PLEASE RESUBMIT PLANS TO THE ARB WITH FOURTEEN (14) DAYS OF RECEIPT OF THIS NOTICE.
WORK MAY NOT COMMENCE UNTIL THE ARB HAS RENDERED A WRITTEN APPROVAL.
THANK YOU FOR YOUR COOPERATION.

BY: _____
BELMERE HOMEOWNERS ASSOCIATION INC.
ARCHITECTURAL REVIEW BOARD

DATE: _____

BY: _____
BELMERE HOMEOWNERS ASSOCIATION INC.

DATE: _____

