OAKLAND PARK RESIDENTIAL HOMEOWNERS ASSOCIATION, INC.
P.O. BOX 290777
PORT ORANGE, FL 32129-0777

RESIDENTIAL ARCHITECTURAL REVIEW COMMITTEE APPLICATION

Name:_____

Address: _____

Home Phone:_____ **Cell Phone:**_____

Email Address:_____

Description of Work: _____

_____

_____

Who will be doing the work?: _____**Homeowner** _____**Contractor**

Name of Contractor:_____

Address of Contractor:_____

YOU MUST OBTAIN ALL NECESSARY PERMITS AS WELL AS ARC APPROVAL
BEFORE STARTING ANY PROJECTS

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ARC APPROVAL

Signed By:_____ **Date:** _____

Signed By:_____ **Date:** _____

Signed By:_____ **Date:** _____

Remarks: _____

_____