

Moss Place

Application for Architectural Approval

(Mail to P.O. Box 195771 Winter Springs, Florida 32719-5771)

Name: _____

Property Address: _____

Mailing Address: _____

Phone Number: _____ Date Received: _____

Request for:

All work is required to be done by a Licensed Contractor.

Approved: ____ Not Approved: ____ Date: _____

Reason if not approved:

Board Signature: _____

Questions: Call Management 407-695-7898