

Palermo Vista Homeowners Association

Application for Approval

(Mail to: P.O. Box 195055 Winter Springs, FL 32719-5055)

Name _____
Property Address: _____ Mailing address: _____
Phone # _____

Date Submitted: _____ Date Received _____
(To be filled out by property manager)

Request for: Painting, roofing, doors, windows, balconies, etc. - Be specific re: colors, size, materials, etc. Paint colors (specify, any other material samples **MUST** be submitted with application. Applications that do not include proper samples will be returned and the thirty (30) day approval period will start again.

Request for: Additions or any Construction you must submit a survey with the improvement sketched to scale, including dimensions and elevations. You **MUST** attach a copy of the City of Longwood permit application if required. This ARC application will not be accepted without a completed City building permit application.

Staff Action _____

APPROVED _____ NOT APPROVED _____ DATE _____

Reason if not approved: _____

ARC member signature: _____

ARC has up to 30 days to render a final decision based on the current ARC guidelines