

FLORA RIDGE NORTH ARCHITECTURAL REVIEW BOARD (ARB) APPLICATION

MAIL APPLICATION TO: 601 East Oak Street Suite C, Kissimmee, FL, 34744

Phone: (407) 846-6323 EMAIL: kissimmeesmartforms@sentrymgt.com

NAME _____ EMAIL _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE(S): Home _____ Work _____ Cell _____

In accordance with the Declaration of Covenants, Conditions & Restrictions & the Association's Rules & Regulations, installations must conform to this approval and the Association's guidelines.

I hereby request your consent to make the following changes, alterations, renovations and/or additions to my property:

- () Fence — White PVC/Vinyl only () Guttering — White only () Swimming Pool () Lawn Ornament () Patio
- () Screen Enclosure () Landscaping () Lawn Replacement () Tree Removal () Exterior Color - Scheme # _____
- () Roof Replacement-Color _____ () Other _____

NOTE: APPLICATIONS SUBMITTED BY FAX OR EMAIL & WITHOUT ONE COPY OF 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.

Attach One (1) copy of the property survey that shows the location(s) of the proposed change, alteration, renovation or addition. Attach One (1) drawing(s) of your plan(s). Attach One (1) color sample, if applies. All Exterior trim and roof drip edge color MUST BE WHITE.

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

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 areas, 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 Associa will forward the ARB Application to the Association. A decision by the Association may take up to 60 days. I will be notified in writing when the application is either approved or denied.
8. All work to conform and comply with HOA guidelines and standards which can be found at EaglesReserve.com.

SIGNATURE OF OWNER(S) _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

This Application is hereby - () APPROVED () DISAPPROVED

DATE: _____ SIGNATURE: _____

Comments:

****ARB COMMITTEE MEETS THE 2nd MONDAY OF EACH MONTH AT 6:00 PM AT THE HERONS POOL****

Date Received from Owner

Mailed to Assn

Mailed to Owner