



ARCHITECTURAL REVIEW APPLICATION

THIS FORM IS TO BE COMPLETED BY THE HOMEOWNER AND SUBMITTED TO THE ARCHITECTURAL REVIEW COMMITTEE FOR CONSIDERATION PRIOR TO COMMENCEMENT OF ANY WORK. YOU MAY REFER TO YOUR DECLARATION OF COVENANTS AND RESTRICTIONS FOR A DESCRIPTION OF THE ARC AND ITS PURPOSE. THE BOARD OF DIRECTORS APPRECIATES YOUR COOPERATION WITH THE ARC. PLEASE ALLOW UP TO **THIRTY (30) DAYS** UPON RECEIPT FOR A DECISION FROM THE ARC. THE 30 DAY TIME PERIOD FOR APPROVAL/DENIAL BEGINS ONCE ALL REQUIRED MATERIALS ARE SUBMITTED.

Towers Property Management • 1320 N. Semoran Blvd., Ste. #100 • Orlando, FL 32807
Email: arc@lakesofaloma.com • Phone: 407-730-9872 • Fax: 407-730-9877

Homeowner's Name: _____
Mailing Address (If different from Property Address): _____
Resident's Name: _____
Property Address: _____
E-mail address: _____ Phone: _____

By signing below, I/we understand the modification cannot begin before receiving approval from the ARC. Furthermore, I/we assume all liability for any damage incurred as a result of this modification as well as any additional maintenance costs that may be incurred. I/We also agree to obtain any permits that may be required by any and all governmental agencies for this modification and that all contractors are licensed and insured.

Signature(s): _____ Date: _____

PURPOSE OF APPLICATION:

Check all items for review. Attach copies of all plans, samples, brochures, estimates, color photos, and/or swatches as applicable to your project:

Fence Plan *Attach plat plan showing location of fence and photo/brochure showing the fence you are proposing.*

Contractor: _____ Phone: _____
_____ 6-foot wood shadow box fencing _____ 4-foot black "Scottsdale" design aluminum fencing

Pool *Attach plat plan and details including color of any screen enclosure and how pool equipment will be screened from view.*

Contractor: _____ Phone: _____

Landscaping Plan *Attach detail of plants, sod, shrubbery, trees, etc. to be used and include a plat plan showing location of landscaping.*

Contractor: _____ Phone: _____

Construction Project *Attach plat plan with dimensions, colors, and materials to be used.*

Contractor: _____ Phone: _____

Exterior Color Selections *Colors must be selected from the approved color book only. Circle all that apply.*

Contractor: _____ Phone: _____

BODY *(stucco sides and rear of home):*

Cupola Yellow Vanillin Malted Milk Napery Jogging Path Ecru Panda White Muslin Perfect Grieg Stone Lion Wool Skein
Diverse Beige Peach Fuzz Organza Creamy Repose Gray Dover White Classic Sand Colonial Revival Stone Oatbran Natural Twine
Coney Island Normandy Revere Pewter Saybrook Sage Collingwood Copley Gray Pavilion Beige Anew Gray Briarwood Aspen Gray

TRIM *(window trim, door trim, siding, windows, exterior doors, garage doors, attic vents, crawl space vents, shutters):*

Au Lait Ole Sand Drift Polo Tan Cromwell Gray Keystone Gray Likeable Sand Intellectual Gray
Universal Khaki Popular Gray Interface Tan Classical Colonial White Pure White Revere Pewter Tricorn

DOOR:

Tricorn Rave Red Santorini Blue Stain (list color): _____ Any body/trim color (list color): _____

Roof Reshingle *Approved colors from **Landmark**; if a different brand is used, indicate which approved shingle color is being matched.*

Contractor: _____ Phone: _____
_____ Charcoal Black _____ Driftwood _____ Weathered Wood _____ Heather Blend _____ Resawn Shake

- **Other** *Please specify and submit all required material for project:*

Contractor: _____ Phone: _____

Amendment 6, item 2A of the Lakes of Aloma Restrictions states " no bricks shall be painted"

RECOMMENDATIONS FROM THE ARCHITECTURAL REVIEW COMMITTEE

_____ **Denied** *You may appeal your denial to the Board of Directors for further review.*

Explanation of denial: _____

_____ **Approved**

ARC Signature: _____ Date: _____

ARC Signature: _____ Date: _____