

LAKE MARIAN SHORES HOA ARCHITECTURAL REQUEST

LMSHOA ARB Mission

Maintain the highest possible standard of architectural appearance by enforcement of the rules and requirements in the HOA Covenants and Restrictions, while applying practical decisions with consideration to the member's conformability, quality of material, harmony of design and aesthetic effect.

BEFORE ANY CONSTRUCTION, INSTALLATION OR COUNTY PERMIT REQUEST BEGINS. This form is to be completed by the property owner with a clear description of the intended construction or installation of attached or unattached structures, including gas/fuel tanks, sheds, docks, decks or patios; and be accompanied with a drawing or sketch so as to define location, size and materials. Give the completed form to a current member of the Architectural Review Board (ARB) of Lake Marian Shores HOA for approval. For an understanding of the LMSHOA ARB requirements review the Covenants and Restrictions, Uniform General Requirements section, paragraphs 3 thru 20. A copy can be acquired from a current member of the ARB.

Homeowners Name: _____ Lot # _____

Address: _____ Phone No. _____

Date: _____

Detail Description: (attach additional sheets if needed, drawings/sketch)

Name of Contractor: _____

Is a permit required:

☐ Yes

☐ No (give reason) _____

Owner Signature _____ Date: _____

*(Owners are responsible for obtaining all permits required by law and follow all county building codes and complete all inspections. During construction the ARB may ask to see the building permit if a LMSHOA restriction is suspected of being violated. LMSHOA is not responsible for any violation of Osceola County building codes.) **A copy of the approved ARB request shall accompany the application for permit.***

This section to be completed by the LMSHOA Architectural Review Board

Architectural Review Board Contact:

Bob Faircloth, 429 Lagoon Ct., Kenansville, Fl. 34739, (229) 244-2420

☐ **Approved (minimum of 2 ARB signatures required)**

_____ Date: _____

_____ Date: _____

(Any deviation as to size, location, or materials from the original approval request must be submitted to the ARB for approval)

☐ **Disapproved (3 ARB signatures required)**

_____ Date: _____

_____ Date: _____

_____ Date: _____

Reason for disapproval: _____

(If you do not agree with the ARB reason for denial, contact a current member of the ARB and the ARB will convene to discuss your concerns.)