

HOMEOWNERS ASSOCIATION OF SISSON MEADOWS, INC.

ARCHITECTURAL REVIEW COMMITTEE (ARC) APPLICATION

MAIL APPLICATION TO: 597 HAVERTY COURT, STE. 110, ROCKLEDGE, FL 32955

OR EMAIL TO: Community Care < communitycare@sentrymgt.com >

SENTRY MANAGEMENT PHONE: (321)638-8880

Owner's Name(s): _____

Property Address: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone (s): Home _____ Cell _____ Work _____ Other _____

In accordance with the Declaration of Covenants and Restrictions and the Association's rules, regulations, and policies installation must conform to this approval and the Association's guidelines, rules, and regulations. I hereby request your consent to make the following changes, alterations, renovations and/or additions to the above listed property:

IF REQUESTING MORE THAN ONE CHANGE, PLEASE USE A SEPARATE APPLICATION FOR EACH REQUEST.

() Hurricane Shutters () Landscaping () Patio () Satellite Dish () Screen Enclosure
() Shed () Solar Panels () Storm/Screen Door () Swimming Pool () Other _____

Summary Description must be completed **(Please attach any additional required information on the following pages):**

Attach one (1) copy of the property survey showing the locations and dimensions of the proposed change, alteration, renovation and/or addition marked on the survey. NOTE: Applications submitted without a copy of the survey showing the location and dimensions of the proposed change, alteration, renovation and/or addition marked on the survey **AND** a copy of the color sample, photo and/or drawing will be considered incomplete. **If an application is incomplete, it will automatically be denied.**

I HEREBY UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS:

NO WORK WILL BEGIN UNTIL WRITTEN APPROVAL IS RECEIVED FROM THE ASSOCIATION.

1. All work will be done expeditiously once commenced and will be done in a professional manner by a licensed contractor or myself. I agree to have all work complete within twelve (12) months or agree to re-apply if this cannot be accomplished.
2. All work will be performed timely and in a manner that will minimize interference and inconvenience to other residents.
3. I assume all liability and will be responsible for any and all damages to other lots and/or common area, which may result from performance of this work. **(NOTE: A Hold Harmless Agreement must be completed if use of common area will be required.)**
4. I am responsible for the conduct of all persons, agents, contractors, subcontractors, and employees who are connected with this work. I will be responsible for verifying the license and insurance for any contractor.
5. 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 and/or municipal permits and approval for work.
6. Upon receipt, a decision by the Association and/or Architectural Review Committee may take up to **30 days**. I will be notified in writing when the application is either approved or denied by the Association and/or Architectural Review Committee.
7. All work performed regarding any architectural approval is subject to verification by the ARC Committee for compliance. **Owner shall submit written notification to management when the modification is complete for inspection purposes.**

All homeowners are responsible for following the Declaration of Covenants and Restrictions along with the guidelines of the Association and any other Board Approved rules, regulations, or policies when making any exterior modifications to their property.

Signature of Owner(s) : _____ Date: _____

Do NOT write below this line.

Date Received From Owner: _____ Date of ARC Meeting: _____ Decision Mailed to Owner: _____

This Application is hereby: ☐ **Approved**

☐ **Conditionally Approved, See Comments**

☐ **Denied**

Name of ARC Representative: _____ Signature of ARC Representative: _____

Date of Decision: _____

Comments: _____

FOR ALL APPROVED APPLICATIONS:

Date of Notification of Completion: _____ Date Inspected: _____ Name of Inspector: _____

Does project completion adhere to specifications of approval: ☐ **Yes-Closed** ☐ **No**

If NO, the following needs to be corrected, completed, or adjusted in order to receive approval and close out your application:

THIS SPACE LEFT INTENTIONALLY BLANK

YOU MAY USE THIS PAGE TO ATTACH PHOTOS, COLOR SAMPLES, DRAWINGS, LIST MORE SPECIFIC DETAILS ETC...

**YOU MAY USE THIS PAGE TO ATTACH YOUR SURVEY SHOWING THE LOCATION AND DIMENSIONS OF YOUR
PROPOSED CHANGES, ALTERATIONS, ADDITIONS, OR RENOVATIONS.**