



1631 E. Vine Street, Suite 300, Kissimmee, FL 34744
407.705.2190 Fax: 407.604.4304

ARCHITECTURAL CHANGE REQUEST

(Please complete both side of the form)

Community Name: _____ Date: _____

Property Owner: _____ Property Address: _____

Lot No. _____ Telephone Number: (Home) _____ (Office or other) _____

Email Address: _____

INFORMATION ABOUT THE ARCHITECTURAL CHANGE YOU ARE SEEKING

- ✓
-
-
-
-
-
-
-
-

Mark One or more:

- Landscape Change
- Fence Installation
- Color Change/House
- Driveway (Pavers, paint or stamped)
- Electrical/Lighting
- Satellite Dish
- Roof Replacement

- Hurricane Shutters
- Screen/Patio Enclosure
- Patio Installation
- OTHER
(Specify) _____

For Paint Applications (be sure to include code and color name of approved color by your association):

Body/Garage Color Requested _____ Do you have shutters?

Trim Color Requested _____ Yes No

Front Door Color Requested _____ If yes, color _____

Please describe the type of change you are seeking approval for. Please specify any materials or any other information:



ARCHITECTURAL CHANGE REQUEST

ATTACH THE FOLLOWING TO YOUR REQUEST:

- Copy of your property survey, marking the area where the work will be performed on your home/lot including dimensions
- Paint: Include paint color samples with the paint name and code
- Contractors' License & Certification of Insurance
- Copy of Contract(s)
- Common Area Security Deposit (if applicable—call for information)

PLEASE READ AND SIGN THE FOLLOWING ACKNOWLEDGEMENT:

- ONLY the owner of the subject property may make application for alteration or change
- Application DOES NOT guarantee approval and that any approval must be received, in writing, prior to making the alteration or change sought in this application.
- Architectural Change approval is based upon the aesthetics of the proposed change and does not certify the construction worthiness or structural integrity of the change proposed.
- Applicants are SOLELY responsible for calling the appropriate utilities BEFORE digging, to have all underground services marked. Applicants are SOLELY responsible for any damage or costs associated with restoring service. Applicants are SOLELY responsible for damaged irrigation.
- Applicants are Solely responsible for following all local codes, obtaining proper permits and adhering to set-back requirements when making the change.
- Applicants MAY NOT deviate in any manner from the plan, if approved. Any change will require PRIOR WRITTEN approval.

* If all necessary items are submitted, most ARB applications are answered within (2) two weeks. However, depending on your HOA documents, they may legally have up to 30-60 days to make a proper decision. *

Signature of Property Owner: _____ Date: _____

ASSOCIATION USE ONLY

Date Received: _____ Control Number: _____

DATE SENT TO ARB _____ DISPOSITION: APPROVED DENIED

CONDITIONS IMPOSED:

Signature(s) of ARB _____ DATE _____

DISPOSITION LETTER SENT TO APPLICANT _____ by _____

