

HIGHLANDS HOMEOWNERS' ASSOCIATION INC.

Request for Architectural Change/Addition/Improvement

This request form is to be completed by the homeowner and submitted for approval **prior to any work commencing.***
Mail or fax the completed form to:

Highlands Homeowner's Association
2200 Shepard Road
Winter Springs, FL 32708
Fax: (407) 327-0644

If you have any questions concerning this application, please refer to your Declarations of Covenants and Restrictions, or contact: Peg Reardon, CAM (407) 327-0640

***NOTE:** All requests must conform to the local zoning and building regulations and you must obtain all necessary permits if your request is approved by the ARB. This request is valid for 90 days from point of acceptance.

****ANY CHANGE IN PLANS ORIGINALLY SUBMITTED WILL REQUIRE A NEW ARB APPLICATION**

TO BE COMPLETED BY HOMEOWNER

Name:

Address:

Lot No:

Phone:

Describe the change (i.e. porch, enclosure, etc.):

Location - Attach a copy of lot survey or plan showing location of addition.

Specifications - Attach a copy of plans, permits and describe the following:

Dimensions:

Materials:

Color: (Attach color samples)

Liability: I take full responsibility and am personally liable for any damage that may occur to Highlands Homeowners' Association property during the completion of this project. I understand that if approval is granted I must commence work within 90 days of the approval and that the work must be completed within 6 months of commencement.

Homeowner Signature:

Date:

TO BE COMPLETED BY ARCHITECTURAL REVIEW BOARD

Date Received:

Date Forwarded to ARB

Architectural Review Board Decision

Request Approved

Request Denied

Architectural Review Board Signatures:

Date: ___/___/___

Did Sub-Association Approve Request? ___

1.

2.

2nd Signature Required

3.

3rd Signature Required

For New or Major Renovations

Comments:

Date Decision Communicated to Owner: