

PARK LAKE VILLAS, INC.

ARCHITECTURAL REVIEW APPLICATION

This is a request form to be completed by the homeowner and submitted to the Architectural Review Board (ARB) via management for approval BEFORE any work commences. Please refer to your Rules & Regulations for details and specifications and contact mgmt with questions.

NOTE: THE BOARD HAS THIRTY (30) DAYS FOR APPROVAL FROM THE DATE OF RECEIPT OF A COMPLETE APPLICATION. DO NOT SCHEDULE WORK PRIOR TO APPROVAL.

Return application & all attachments to: Greystone Management, 1001 N Lake Destiny Rd, Suite 125, Maitland FL 32751. 407-645-4945

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THIS SECTION TO BE COMPLETED BY UNIT OWNER

Date: _____

Name: _____

Unit Address: _____

Phone #: (Home) _____ (Cell) _____ (Email) _____

Describe the **CHANGE/ADDITION/INSTALLATION**: i.e. flag installation, lighting, change in door, change in windows/sliders, screen porch addition, addition of landscaping, etc.

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LOCATION: (Attach a copy of your plot plan showing where the change/addition is located relative to the home and the property). **NOTE**: Plot plan/survey can be found at www.parklakevillas.com on the Docs & Aps tab. (Application will be returned if incomplete)

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SPECIFICATIONS: Attach contract or estimate, copies of plans, proof of current liability, work comp insurance & occupational license from the contractor/vendor providing the product, & any samples, brochures, color photos, color swatches, etc. **APPLICATIONS FAXED CANNOT BE ACCEPTED. DO NOT SIGN CONTRACT UNTIL APPROVED BY ARB.**

If Windows (√): Double Pane, Double Hung, White Vinyl, Low-E Glass, Full Screen REQUIRED.

If Sliding Glass Doors (√): Double Pane, White Vinyl, Low-E Glass, Screen REQUIRED.

Dimensions: _____

Material(s): _____

Color(s): _____

Components: _____

NOTE: All requests must conform to all local Zoning and Building Regulations and you must obtain all necessary permits if your request is approved by the Architectural Review Board.

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THIS SECTION TO BE COMPLETED BY THE ARCHITECTURAL REVIEW BOARD

Date Approved _____ Date Denied _____ Board Member's Signature: _____

Comments: _____