



**PIEDMONT LAKES HOMEOWNERS ASSOCIATION, INC.
 ARCHITECTURAL REVIEW APPLICATION
 c/o Premier Community Managers, Inc.
 5151 Adanson Street, Suite 103, Orlando, FL 32804
 Phone: 407-696-5700 Fax: 407-696-5353**

The Homeowner understands and agrees that **NO** construction will commence in any manner or respect, until approval by the Architectural Review Committee has been granted. The Homeowner is also informed that it may take as much as 30 working days for approval to take place. The Committee Chairperson will contact the owner regarding approval or denial of the application.

Name: _____ **email:** _____
Address: _____
Lot #: _____ **Anticipated Start:** _____ **Anticipated Completion:** _____
Phone # _____

Please give a complete description of the requested changes. Include lot survey, site plans, diagrams, color chips, materials description, sample products, photographs. All requests must be accompanied by a minimum of a site plan and contractor's plans (if applicable). Also be sure to include a copy of your City or County Building Department Permit if the work you are requesting requires a permit.

Home exterior changes include the following. Please "☑" all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Fence | <input type="checkbox"/> Home Addition | <input type="checkbox"/> Satellite Dish/Antenna |
| <input type="checkbox"/> Exterior Paint | <input type="checkbox"/> Gutters | <input type="checkbox"/> Play Structur |
| <input type="checkbox"/> Whole House | <input type="checkbox"/> Shutters/Awnings | <input type="checkbox"/> Screen Door |
| <input type="checkbox"/> Trim | <input type="checkbox"/> Chimney | <input type="checkbox"/> Driveway |
| <input type="checkbox"/> Exterior Door | <input type="checkbox"/> Pool | <input type="checkbox"/> Landscape |
| <input type="checkbox"/> Cage Screening | <input type="checkbox"/> Patio/Deck | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Propane Tank | <input type="checkbox"/> Solar Panels | <input type="checkbox"/> Spa |
| <input type="checkbox"/> Other: <u>Please explain:</u> | | |

Description of Work: _____

Failure to provide the above mentioned completed information will delay the approval process.

Date received in office: _____ **Date Received by ARC:** _____ **Approved:** ___ **Disapproved:** _____

Date notice sent to Owner regarding ARC Decision: _____

Comments: _____

(1) ARC Signature: _____ **Date:** _____

(2) ARC Signature: _____ **Date:** _____

(3) ARC Signature: _____ **Date:** _____