

Arrowhead Estates Homeowners Association, INC
ARCHITECTURAL REVIEW APPLICATION
PLEASE COMPLETE AND RETURN FORM FOR APPROVAL
PRIOR TO COMMENCEMENT OF ANY WORK

MAIL TO: Arrowhead Estates Homeowners Association, INC C/O SENTRY MANAGEMENT
1645 E. HWY 50 SUITE 201 CLERMONT FL 34711, cmreception@sentrymgt.com, cc: treasurer@arrowheadestates.info

PROPERTY OWNER: _____ DATE: _____

PROPERTY ADDRESS: _____ ZIP: _____

MAILING ADDRESS: _____

PHONE(S): _____ EMAIL _____

- **PLEASE ATTACH A PROPERTY SURVEY COPY LOCATING EXTERIOR CONSTRUCTION PROJECTS**
- **ATTACH PAINT/COLOR SAMPLES, PLANS, PHOTOS AS NEEDED TO DESCRIBE DESIRED MODIFICATIONS**
- **ALL NECESSARY PERMITS REQUIRED FOR THIS PROJECT MUST BE OBTAINED**

DESCRIBE THE ADDITION, CHANGE OR INSTALLATION TO BE REVIEWED BY THE ARB:

- () SWIMMING POOL () LANDSCAPING – (Identify plantings and provide Rendering if significant changes)
- () SCREENING () FENCE () YARD ORNAMENTS – (Pictures and Placements Needed)
- () EXTERIOR COLORS – Attach Sample Colors and/or Provide Paint Vendor Code
BASE _____ TRIM _____ GARAGE _____ DOOR _____
- () OTHER (Please Describe in Detail – Add additional Sheets if needed) _____
- _____
- _____

OWNER SIGNATURE

OWNER SIGNATURE

FOR USE BY ARCHITECTURAL REVIEW BOARD

DATE RECEIVED _____ DATE TO ARB _____ DATE TO HOMEOWNER _____

THE ARB'S DECISION ON THE PLANS SUBMITTED IS AS FOLLOWS.

- () APPROVED (MUST CONFORM TO ASSOCIATION COVENANTS & RESTRICTIONS)
- () PLANS INCOMPLETE, INFORMATION REQUESTED _____
- () APPROVED WITH THE FOLLOWING CONDITION _____
- () REJECTED REASON _____

WORK MAY NOT COMMENCE UNTIL THE ARB HAS RENDERED A WRITTEN APPROVAL.
THANK YOU FOR YOUR COOPERATION.

BY: _____
Arrowhead Estates Homeowners Association, INC
HOMEOWNERS ASSOCIATION ARCHITECTURAL REVIEW BOARD

DATE: _____

BY: _____
Arrowhead Estates Homeowners Association, INC
HOMEOWNERS ASSOCIATION ARCHITECTURAL REVIEW BOARD

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HOMEOWNERS ASSOCIATION ARCHITECTURAL REVIEW BOARD

DATE: _____