

Community Name: _____

A Deed Restricted Community

ARCHITECTURAL REVIEW COMMITTEE SUBMISSION FORM

Any modifications to your property must be submitted to the Architectural Review Committee for approval *PRIOR* to any work or modifications being constructed on your property. Please allow two to four weeks for complete processing. Include complete descriptions, dimension, style, type drawings, materials being used, colors, etc. The more information you can provide will help to expedite your application. **Please attach a copy of final boundary survey showing the location of improvement in relation to other structures and having lot lines marked. Survey should be marked with x's plotting the location of fences.**

Date Submitted _____ Homeowner Fax # _____

Owner _____ Phone # _____

Property Address _____ City _____ Zip _____

Lot # _____ Unit # _____ County _____

Mailing Address if different from above: _____

LAKEFRONT LOT: Yes or No

CORNER LOT: Yes or No

Contractor _____ Phone # _____

ITEMS FOR REVIEW

- _____ Building Elevations
- _____ Color Selections
- _____ Doors
- _____ Drainage Plan
- _____ Fence
- _____ Floor Plan

- _____ Landscape Plan
- _____ Mail Box
- _____ Structural Addition
- _____ Swimming Pool
- _____ Windows

Other: _____

Homeowner Comments – Attach or state specific material list, color samples, picture or rendering.

Homeowner is responsible for compliance with all applicable city ordinances and permits if application is approved.

FOR OFFICE USE ONLY

DATE RECEIVED	DATE APPROVED	DATE DENIED
DATE OF LETTER	DATE OF SIGNATURE	DATE MAILED

Return to:

Total Professional Association Management, P.O Box 12412, Tallahassee, FL 32301

Phone: (850) 583-1173