

**GREATER PINES HOMEOWNERS ASSOCIATION INC.
ARCHITECTURAL REVIEW APPLICATION**

PLEASE COMPLETE AND RETURN THIS FORM FOR APPROVAL PRIOR TO COMMENCEMENT OF ANY WORK

MAIL TO: GREATER PINES HOMEOWNERS ASSOCIATION INC.
C/O COMMUNITY MANAGEMENT PROFESSIONALS
5401 SOUTH KIRKMAN ROAD SUITE 450 ORLANDO, FLORIDA 32819
PHONE: 407-903-9969 FAX: 407-903-9234

PROPERTY OWNER NAME: _____ DATE: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT) _____

HOME PHONE: _____ CELL / WORK PHONE: _____

FAX NUMBER: _____ EMAIL ADDRESS: _____

- **PLEASE ATTACH COPY OF A PROPERTY SURVEY LOCATING EXTERIOR CONSTRUCTION PROJECTS**
- **ATTACH PLANS, SURVEYS, AND PHOTOS AS NEEDED TO DESCRIBE PROPOSED MODIFICATIONS**
- **ALL NECESSARY GOVERNMENTAL PERMITS REQUIRED ARE THE RESPONSIBILITY OF THE HOMEOWNER**
- **ALL APPROVALS ARE SUBJECT TO INSTALLATION CONFORMING TO ASSOCIATION DOCUMENTS**

DESCRIBE THE ADDITION, CHANGE OR INSTALLATION TO BE REVIEWED BY THE ARCHITECTURAL REVIEW BOARD:

SWIMMING POOL FENCE _____
PLEASE INCLUDE HEIGHT, DETAILS AND PHOTO

SCREENING ADDITION _____
PLEASE INCLUDE DIMENSIONS, DETAIL AND PHOTOS

SHED LANDSCAPING

OTHER _____

PLEASE DESCRIBE PROJECT _____

OWNERS SIGNATURE OWNERS SIGNATURE DATE

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, SUPPORTING DOCUMENTATION MAY BE ATTACHED TO THIS FORM:

APPROVED (**MUST CONFORM TO ASSOCIATION COVENANTS & RESTRICTIONS**)

PLANS INCOMPLETE, INFORMATION REQUESTED _____

APPROVED WITH THE FOLLOWING CONDITION _____

REJECTED. REASON _____

PLEASE RESUBMIT PLANS TO THE ARB WITHIN FOURTEEN (14) DAYS OF RECEIPT OF THIS NOTICE. WORK MAY NOT COMMENCE UNTIL THE ARB HAS RENDERED A WRITTEN APPROVAL.

By: _____ DATE: _____

GREATER PINES HOMEOWNERS ASSOCIATION INC.
ARCHITECTURAL REVIEW BOARD