

AVALON HOMEOWNERS' ASSOCIATION, INC.
ARCHITECTURAL REVIEW BOARD (ARB) APPLICATION

Name: _____

Property Address: _____

Mailing Address (if different): _____

E-mail Address: _____

Telephone Home: _____ Cell/Other: _____

Mail Application to:

Lighthouse Management & Consulting

P.O. Box 0774

Windermere, FL 34786-0774

Or Email Application to:

AvalonTurtleCreekARB@gmail.com

In accordance with the Declaration of Covenants, Conditions and Restrictions and the Association's rules and regulations, I hereby request your consent to make the following changes, alterations, renovation and/or additions to my property:

ONE REQUEST PER APPLICATION
MULTIPLE REQUESTS ON ONE APPLICATION WILL BE RETURNED

- | | | | | |
|---|---|---|--------------------------------------|---|
| <input type="checkbox"/> Exterior Paint | <input type="checkbox"/> Fence | <input type="checkbox"/> Landscape Lighting | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Lawn Replacement |
| <input type="checkbox"/> Patio | <input type="checkbox"/> Screen Enclosure | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Other | |

Description: _____

Project Start Date: _____ Anticipated Completion Date: _____

Attach a copy of your lot survey with the location of the proposed change, alteration, renovation or addition highlighted. Include a drawing or blueprint of your plans and paint or color samples if applicable. Attach any applicable contractor estimates or proposals. Note: Applications submitted without copies of the survey, drawing, blueprint or color samples will be considered incomplete.

I/We Hereby understand and agree to the following stipulations:

1. No work will begin until written approval is received from the Association.
2. All work will be done expeditiously once commenced and will be done in a good workmanlike manner by a licensed contractor or myself.
3. All work will be performed at a time and in a manner to minimize interference and inconvenience to other residents.
4. I/We assume all liability and will be responsible for all damage to other lots and/or common area or injury which may result from performance of this work.
5. I/We will be responsible for the conduct of all persons, agents, contractors, subcontractors and employees who are connected with this work. No contractor signs may be installed or erected on your lot.
6. I/We am/are responsible for complying with and will comply with, all applicable federal, state and local laws, codes, regulations and requirements in connection with this work, and I/We will obtain any necessary governmental permits and approvals for the work.
7. I/We will contact the underground cable locating service, "Sunshine 811", 48 hours prior to digging at 1-800-432-4770. There is "no charge" to the homeowner for their service.
8. If a dumpster is required, said dumpster should be stored/parked on driveway.
9. Upon receipt, Lighthouse Management & Consulting, Inc. will forward the ARB Application to the Association. Decisions by the Association may take up to thirty (30) days. I/We will be notified in writing when the application is approved or disapproved.

Signature of Owner(s): _____ Date: _____

DO NOT WRITE BELOW THIS LINE

This Application is hereby:

☐

Approved

☐

Disapproved

Approval Signatures: _____ Date: _____

ARB Comments: _____

Date Received: _____ Date to Assoc: _____ Date to Owner: _____