

LAKE VILLA Q&R HOMEOWNERS ASSOCIATION ARCHITECTURAL REVIEW REQUEST

Please complete this form and return Odin Property Management, e-mail to info@odinflorida.com, any questions call 321-430-0087.

OWNER: _____ UNIT: _____

EMAIL: _____ Tel.: _____

OWNER SIGNATURE: _____ DATE: _____

NOTICE TO OWNER – READ CAREFULLY! :

Your request and any attached plans are reviewed for the limited purpose of determining aesthetic compatibility and compliance of the proposed project with the construction criteria of the Association. They are not reviewed for function, safety, or compliance with any governmental agency. All projects must conform to local zoning and building codes, and the homeowner must obtain all necessary permits if approval is granted.

DESCRIPTION OF IMPROVEMENT: Check all that apply, and list color(s) **with sample**, manufacturer, type, style, make, model etc. as appropriate. The more information you provide, the easier it is for the Committee to render a decision on your request. **IMPORTANT – If painting or roofing – must MAIL this form in with SAMPLES OF MATERIAL & COLORS.**

- ___ SATELITE DISH INSTALLATION
- ___ PATIO ENCLOSURE - COLOR MUST BE WHITE – OPTIONS ARE ___ VINYL WINDOWS ___ AND/OR SCREENED
- ___ LANDSCAPING FRONT
- ___ TILE FRONT STEPS – MUST INCLUDE WAIVER
- ___ FRONT DOOR/DOORS/WINDOWS
- ___ LIGHTING/LIGHT FIXTURE/SECURITY EQUIPMENT:
- ___ OTHER PROJECT (PLEASE SPECIFY IN DETAIL ON SEPARATE SHEET)

SPECIFICATIONS/SAMPLES Enclosed/Attached ___ Yes ___ No
(Attach copies of plans, brochures, pictures, elevations, lot surveys, or other such information)

PERMIT NO (IF APPLICABLE) _____

CONTRACTOR'S NAME AND ADDRESS: _____

E-MAIL ADDRESS _____

PHONE NUMBER: _____ FAX NUMBER _____

The ARC Committee has up to thirty (30) days from receipt of the completed application to reply.

Approved / Denied HOA _____ Date _____