

REDBRIDGE SQUARE HOA, INC.
ARCHITECTURAL REVIEW APPLICATION

PLEASE COMPLETE AND RETURN THIS FORM TO THE ADDRESS OR EMAIL BELOW.

WORK MAY NOT COMMENCE UNTIL THE COMMITTEE PROVIDES A WRITTEN APPROVAL.

SUBMIT YOUR APPLICATION TO: INFO@ODINFLORIDA.COM

OR MAIL TO: Redbridge Square HOA c/o ODIN PROPERTY MANAGEMENT LLC.

5728 MAJOR BLVD., SUITE 300 ORLANDO, FL 32819

PHONE 321-430-0087

PROPERTY OWNER: DATE:

PROPERTY ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT) _____

PHONE: _____ FAX: _____ EMAIL: _____

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

LANDSCAPING FENCE _____ (Please include detail and photo)

EXTERIOR PAINT BASE _____ TRIM _____ GARAGE/DOORS _____

PLEASE PROVIDE PAINT NUMBERS AND SAMPLES

OTHER _____

PLEASE PROVIDE PROJECT DETAILS _____

OWNER SIGNATURE/DATE _____

- PLEASE ATTACH A PROPERTY SURVEY COPY LOCATING EXTERIOR CONSTRUCTION PROJECTS
- ATTACH PAINT / COLOR SAMPLES, PLANS, PHOTOS AS NEEDED TO DESCRIBE MODIFICATION
- ALL NECESSARY GOVERNMENTAL PERMITS REQUIRED ARE A CONDITION OF APPROVAL AND ARE THE OWNER'S RESPONSIBILITY TO OBTAIN THEM
- **NON-REFUNDABLE APPLICATION FEE--Applicant(s) must pay herewith the sum of \$25.00 as a NON-REFUNDABLE APPLICATION FEE for costs, expenses, and fees in processing the application.**
- ALL APPROVALS ARE SUBJECT TO INSTALLATION CONFORMING TO ASSOCIATION DOCUMENTS

I further agree that all improvements, modifications, and/or alterations will comply with the Declaration of Covenants, Conditions, Easements and Restrictions for Redbridge Square and the Community Standards and Architectural Guidelines ("Governing Documents") in effect as of the date of this submission. I agree to bring any such improvement, modification, and/or alteration into compliance with the Governing Documents at my own expense even if this application was approved. I agree to not commence any work until this application is approved and I have obtained any necessary permits required by any city, county, or state agency."

OWNER 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. THANK YOU FOR YOUR COOPERATION.

BY: _____ DATE: _____

REDBRIDGE SQUARE REVIEW BOARD

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