

CORNER LAKES ESTATES

ARCHITECTURAL REVIEW BOARD (ARB) APPLICATION

MAIL APPLICATION TO: 8 W Darlington Ave., Kissimmee, FL 34741

OFFICE: (321-430-0087)

EMAIL: info@odinflorida.com

Name _____ Email _____

Property Address _____

Mailing Address _____ City _____ State _____ Zip _____

Phone (s) Home _____ Work _____

In accordance with the Declaration of Covenants, Conditions and Restrictions and the Association's Rules and Regulations, installation must conform to this approval and the Association's guidelines.

I hereby request your consent to make the following changes, alterations, renovations and/ or additions to my property.

- Fence Screen Enclosure Lawn Ornament Patio
 Swimming Pool Landscaping Lawn Replacement Asphalt Shingle Roof

Exterior Color - Body _____ Trim _____ Door _____

Other _____

Description:

Prior to applying for a building permit, the owner shall submit **TWO (2)** copies of this form, along with **TWO (2)** sets of plans, specifications and plat plans. Submittals and re-submittals of plans shall be approved or disapproved within **thirty (30)** days after receipt by the **ARB**.

NOTE: APPLICATIONS SUBMITTED WITHOUT COPY OF THE SURVEY (IF APPLICABLE), DRAWING, OR COLOR SAMPLE WILL BE CONSIDERED INCOMPLETE. IF AN APPLICATION IS INCOMPLETE, IT WILL NOT BE PROCESSED AND WILL BE RETURNED TO YOU.

I HEREBY UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS.

1. Exterior construction projects should be clearly marked on plans to include locations from structures and property lines. Attach paint/color samples, plans, photos as needed to describe modification.
2. Requests and alterations must conform to all local zoning and building regulations. You are required to obtain required permits from Orange County if your request is approved.
3. Approval is valid for 120 days from date of return noted below. Should additional time be required, duration of project should be noted above request for extension shall be submitted.
4. Any alterations made to the property must not extend past the legal property line of the owner.
5. Owner assumes all responsibility for maintenance of the alteration/modification to the unit/lot.
6. I am responsible for complying with all applicable federal, state and local laws, codes, regulations and requirements in connection with this work. I will obtain any necessary governmental permits and approval for the work.
7. Upon receipt Odin Property Management LLC. will forward the ARB Application to the Association. A decision by the Association may take up to **30 days**. I will be notified in writing when the application is either approved or denied.

ALL HOMEOWNERS ARE RESPONSIBLE FOR FOLLOWING THE RULES AND GUIDELINES OF THEIR ASSOCIATION WHEN MAKING ANY EXTERIOR MODIFICATIONS.

Signature of Owner(s): _____ Date: _____

Do Not Write Below This Line

This Application is hereby: Approved Disapproved

Date _____ Signature _____

Comments:

Date Received from Owner _____ Mailed to Assn _____ Mailed to Owner _____