

SAND DOLLAR BAY HOMEOWNERS ASSOCIATION ARCHITECTURAL REVIEW REQUEST

Please complete this form and return Odin Property Management, 8 W Darlington Ave., Kissimmee, FL 34741. Email: info@odinflorida.com

OWNER: _____ UNIT: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

OWNER SIGNATURE: _____

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.

ROOFING PAINTING _____ COLOR NAME AND NUMBER
 FENCING SCREENED PATIO/POOL ENCLOSURE
 SPA/SWIMMING POOL LANDSCAPING
 GARAGE DOOR FRONT DOOR/DOORS/WINDOWS
 LIGHTING/LIGHT FIXTURE/SECURITY EQUIPMENT SKYLIGHTS/SOLAR PANELS:
 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)

CONTRACTOR'S NAME: _____

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 _____