

Windcrest at Meadow Woods Homeowners Association, Inc.

Architectural Review Board (ARB) Application

C/O Odin Property Management, LLC.

8 W Darlington Ave., Kissimmee, FL 34741

Phone (321) 430-0087

E-mail: [info@odinflorida.com](mailto:info@odinflorida.com)

Name \_\_\_\_\_ Email \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone \_\_\_\_\_

In accordance with the Declaration of Covenants, Conditions and Restrictions and the Association Rules & Regulations, installation must conform to the approval and the Association's guidelines. Owner must be current in assessments.

I hereby request your concern to male the following changes, alterations, renovations and or additions to my property.

Fence \_\_\_\_\_ Screen Enclosed \_\_\_\_\_ Roof Replacement \_\_\_\_\_ Patio \_\_\_\_\_

Landscaping \_\_\_\_\_ Lawn Replacement \_\_\_\_\_ Other \_\_\_\_\_

Description \_\_\_\_\_

Attach a property survey, color sample or other information that shows the locations of the proposed change, alteration, renovation or addition. Attach color samples, if applicable (painting). Attached drawing of proposed plan.

I HEREBY UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS:

1. No work will begin until written approval is received from the Association. You have 60 days from the approval date to complete the work. If not, then you must reapply for the ARB Approval
2. All work will be completed expeditiously once commenced and will be done in a professional manner by a licensed contractor or myself.
3. All work will be preformed in a timely manner that will minimize interference and inconvenience to other residents. Work hours are from 8am – 5pm, no work noise on Sundays.
4. I assume all liability and will be responsible for any and all damages to other lots and/or common areas, which may result from performance of this work.
5. I will be responsible for the conduct of all persons, agents, contractors and employers who are connected with this work.
6. I am responsible for complying with all applicable federal, state and 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 will forward the ARB application to the Association. A decision by the Association may take up to 45 days. We will be notified in writing when the application is either approved or denied.

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

Signature if Owner(s) \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

This Application is hereby: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Date \_\_\_\_\_ Signature \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Received from Owner \_\_\_\_\_ Forwarded to Assn: \_\_\_\_\_ Mailed to Owner \_\_\_\_\_