

LAKE LIZZIE RESERVE HOMEOWNERS ASSOCIATION, INC.

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 Other _____
- Exterior Color - Body _____ Trim _____ Door _____

Description: _____

Attach one (1) copies of the application and property survey that shows the locations of the proposed change, alteration, renovation or addition. Attach one (1) Contractor's Proposed Plan(s). Attach color samples (if applicable).

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. No work will begin until written approval is received from the Association. You have 6 months from the approval date to begin the work. If not, then you must reapply for ARB approval.
2. All work will be done expeditiously once commenced and will be done in a professional manner by a licensed contractor or myself.
3. All work will be performed timely and in a manner that will minimize interference and inconvenience to other residents.
4. I assume all liability and will be responsible for any and all damages to other lots and / or common area, which may result from performance of this work.
5. I will be responsible for the conduct of all persons, agents, contractors, subcontractors and employees who are connected with this work.
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 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 _____