Appendix A - ARB Application

LAKE SAWYER SOUTH HOMEOWNERS ASSOCIATION, INC.

ARCHITECTURAL REVIEW BOARD (ARB) APPLICATION

MAIL APPLICATION TO: 6972 LAKE GLORIA BLVD. ORLANDO, FL 32809-3200

OFFICE: (407) 781-1406 EMAIL: arb@lelandmanagement.com

Email ____

Applications must be received no later than 5 days prior to the scheduled ARB meeting by e-mail or mail only. Faxed applications will not be processed. This is an authorization request for modifications.

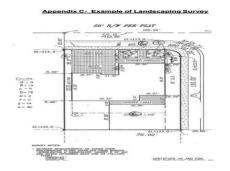
Property Address					
Mailing AddressCity	_State	Zip			
Phone (s) Home	Work				
In accordance with the Declaration of Covenants, Conditions and Restrictions and the Association's Rules and Regulations, installation must conform to this approval and the Association's ARB guidelines. Please reference the associated pages when requesting changes: http://www.lakesawyersouth.com/architectural-guidelines/					
I hereby request ARB consent to make the following changes, alterations,	renovations and/ or additions to my property:				
() Exterior Paint (see http://www.lakesawyersouth.com/architectural-guidelines/ for instructions and link to approved colors)					
Please include SW # color code and name of paint color:					
BodyTrimDoor_					
Garage DoorAccent	Other				
() Swimming Pool (page 12)fencescreen enclosure	() Landscaping (pages 14-17; 24-26)				
() Patio (page 12)paverconcretecolor	() Lawn Ornament (pages 17-18)				
	() Lawn Replacement (page 18)				
() Screen Enclosure (page 12)1 or 2 story homescreen colorframe color	() Recreational Equipment (page 21)_	trampolineswing			
() Fence (pages 13-14)gate(s)corner lotfence style	() Otherthe ARB guidelines as required)	(please reference			
() Solar Panels (page 10)single familytownhome					
Description of changes to be made:					

Required Attachments:

- Photos and/or drawings indicating changes desired with samples of materials and/or colors
- Exterior paint changes must include a picture or drawing of the home's facade with indications where each color choice will go
- Fences, landscaping changes, patios, pools, etc. must include a survey with the desired changes accurately depicted
- Property survey, photo, drawing, etc. that shows the locations of proposed changes, renovation or addition

Appendix A - ARB Application (2)

Examples of Landscaping Survey and Legend: (Page 26 & 27)





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 the work has not commenced, you must reapply for ARB approval, contact Leland Management for more information. If the work is in progress, the ARB must be informed of the completion date.
- 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. Applications must be received at least **five** (5) **business days prior to the scheduled ARB meeting**, or it will be tabled for the next meeting.
- **8.** Upon receipt Leland Management, Inc. will forward the ARB Application to the Association. I will be notified in writing when a decision is finalized on my application.

ALL HOMEOWNERS ARE RESPONSIBLE FOR FOLLOWING THE RULES AND GUIDELINES OF THE ASSOCIATION WHEN MAKING ANY EXTERIOR MODIFICATIONS. APPLICATIONS SUBMITTED WITHOUT SURVEY, COLOR SAMPLES OR MATERIAL INFORMATION WILL BE CONSIDERED INCOMPLETE. IF AN APPLICATION IS INCOMPLETE, IT MAY BE RETURNED WITHOUT ACTION.

Signature of Owner(s):			Date:	
		Do Not Write Below T	his Line	
	This Application is hereby: () Approved Information () Returned Without Actio	IPULATION () Disapproved () Tabled for More		
	DateSignature	Comi	nents:	
	Date Received from Owner	Mailed to Assn	Mailed to Owner	

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