

CHAPMAN GROVES HOMEOWNER'S ASSOCIATION, INC.

REQUEST FOR ARCHITECTURAL CHANGE

Work may **not** begin until written approval is received. Work must be completed within 6 months of approval date, if granted. Please complete this form and attach a copy of your **final survey**. Please show the location(s) of your proposed improvement(s) directly on the **final survey**. If you are painting your house a copy of the survey is not required.

NOTE: In addition to the requirements recorded in the Declaration of Covenants, Conditions and Restrictions, all applications must conform to any applicable zoning or building regulations. It is the responsibility of the homeowner to obtain all necessary permits when the Association approves your application. Approval by the Association does not imply approval or conformity to any Seminole County or City of Oviedo regulations.

THIS SECTION TO BE COMPLETED BY PROPERTY OWNER

PROPERTY OWNER: First Name: _____ Last Name: _____

PROPERTY STREET ADDRESS: _____

HOME PHONE #: _____ WORK PHONE #: _____

EMAIL ADDRESS: _____

ESTIMATED START DATE: ____ / ____ / ____ ESTIMATED COMPLETION DATE: ____ / ____ / ____

SIGNATURE: _____ DATE: _____

(Must be signed by the Property Owner and dated)

Describe the improvements you are proposing: (Include dimensions, materials, contractor and colors if applicable)

PAINTING: Are the requested colors on The Chapman Groves HOA, Inc. Official Color Scheme? YES NO
 IF NO, have you painted the required 2'x2' sample on the sunny side of house? YES NO
 IF YES, specify sample location _____

Exterior Feature(s) to be painted	Attach a paint chip sample	Manufacturer	Color Name	Color Number
BODY — stucco, garage door: <input type="checkbox"/> same color <input type="checkbox"/> optional trim color for garage door				
TRIM * —around doors and windows, pillars, roof line	SW7006 - SW7009 White			
ACCENT * — Location(s): <input type="checkbox"/> raised stucco on base <input type="checkbox"/> optional upper entry	<input type="checkbox"/> NONE <input type="checkbox"/> YES			

***Please review the CG Paint Policy before selecting your color.**
 Review diagram to the right for locations of TRIM & ACCENT. Enlarged image at chapmangroves.org/free.com

If your house has accent elements not shown on this diagram that you wish to paint, submit a photograph or drawing showing the proposed location(s).



THIS SECTION TO BE COMPLETED BY REVIEW COMMITTEE

DATE RECEIVED: ____ / ____ / ____ DATE MAILED: ____ / ____ / ____ APPROVED DENIED

SIGNATURES: _____

COMMENTS: _____

Return to: Chapman Groves HOA
 C/O Pinnacle Property Management, LLC
 1511 East State Road 434, Suite 3001
 Winter Springs, FL 32708
 Phone: 407.977.0031, Ext. 300 | Fax: 407.977.5495
 Representative is Shermika Shaw
 Email: sshaw@ppmorlando.com

arc_property_101027