

ARCHITECTURAL CONTROL APPLICATION

RIVER OAKS RESERVE, PHASE 2 HOMEOWNER'S ASSOCIATION, INC.

THIS FORM IS TO BE COMPLETED BY THE HOMEOWNER AND SUBMITTED TO THE ARCHITECTURAL REVIEW COMMITTEE FOR APPROVAL PRIOR TO COMMENCEMENT OF ANY WORK. PLEASE ALLOW FORTY-FIVE (45) DAYS UPON RECEIPT FOR A DECISION FROM THE ACC.

Mail completed application to:

River Oaks Reserve, Phase 2 Homeowner's Association, Inc.
c/o Pinnacle Property Management, LLC
1511 East State Road 434, Suite 3001
Winter Springs, FL 32708
Phone: 407-977-0031 Fax: 407-977-5495

Homeowner's Name: _____ Lot # _____

Mailing Address (If different from Property Address): _____ Please check if you live on ___ Conservation ___ Pond

_____ Resident's Name: _____

_____ Property Address: _____

E-mail address: _____ Phone: _____ Day _____ Night _____

May the Architectural Review Committee contact you for clarification or questions? ___ Yes ___ No

Signature(s): _____ Date: _____

NOTE: THIS FORM WILL BE MAILED BACK TO THE PROPERTY OWNER. THE FOLLOWING ITEMS NEED TO BE SUBMITTED ALONG WITH THIS FORM 1) PLOT PLAN/PROPERTY SURVEY SHOWING LOCATION OF MODIFICATION 2) DRAWING AND COLOR SAMPLES

Contractor/Painter/Architect: _____ Phone: _____

PURPOSE OF APPLICATION: (Check appropriate items and include specific details in the space provided below.)

____ **Exterior Color Selections** (Attach Color Samples, Denote Body, Trim & Roof Colors)

____ **Pool** (Detail color of any screen enclosure and detail how Pool Equipment will be screened from view, if applicable.)

____ **Fence Plan** (Posts-Must Face Inward; Detail Style, Material, Size and Plat Plan to be Included.)

____ **Landscaping Plan** (Detail plants, turf, shrubbery, trees, etc. to be used; include a plat plan showing location of landscaping.)

____ **OTHER** (Please specify) _____

REMEMBER: Requests and alterations must conform to all local Zoning and Building Regulations. You are required to obtain the required permits if your request is Approved. If your request is Denied by the ACC, you may appeal to the Board of Directors for review. If all required materials or information is not included with this form at the time of submission, the time period does not apply for Approval/Disapproval.

THIS SECTION TO BE COMPLETED BY THE ARCHITECTURAL REVIEW COMMITTEE

Approved: _____
Signature (s) _____ Date _____

Disapproved: _____
Signature (s) _____ Date _____

COMMENTS BY ARC
