

CHAPMAN GROVES HOMEOWNER'S ASSOCIATION, INC.

C/O Community Management Specialists, Inc.

71 S. Central Ave

Oviedo, FL 32765

Phone: 407-359-7202

Fax: 407-971-1490 Email: ARC@cmsorlando.com

Management Company Only

HOA ACCT #: _____

Architectural Review Application | GENERAL

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.

To be completed by Homeowner:

Property Address: _____

Homeowner Name: _____

Day Phone#: _____

Mailing Address: (if different from property) _____

Email: _____

Homeowner Signature: _____

Please check type of Architectural Review Required | ALL REQUESTS MUST COMPLY WITH HOA GOVERNING LAW

PAINT

☐ Painting with Existing Colors

"Existing colors" are the colors that are currently painted

On the home and color placement of body, trim and accent must be the same

☐ Painting with New Colors

"New colors" different from current color on home This category applies to colors that are on the pre-approved list

Of the Chapman Groves HOA official color scheme

☐ IF NO – you must paint the required 2'x2' sample of each color

On the sunny side of the house.

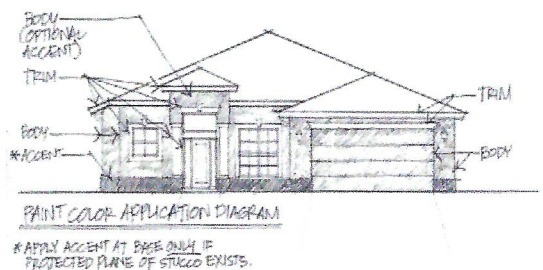
☐ IF YES – specify sample location of each color

EXTERIOR FEATURES: Attach paint chip sample

BODY — stucco, garage door: <input type="checkbox"/> same color <input type="checkbox"/> optional trim color for garage door	Color name	Color #
TRIM <input type="checkbox"/> — around doors and windows, pillars, roof line	Must be White	SW7006 - SW7009
ACCENT <input type="checkbox"/> — Location(s): <input type="checkbox"/> raised stucco on base <input type="checkbox"/> optional upper entry		

☐ Please review the CG Paint Policy before selecting your color. Review diagram to the right for locations of TRIM & ACCENT. Enlarged image at chapmangroveshoa.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).



DOORS & WINDOWS

☐ Garage Door Replacement

☐ Front Door Replacement

☐ Window Replacement

ROOF

☐ Roof with identical material/color

If roofing with identical material and color, no sample needed.

Re-roof Drip Edge MUST be white in color

FENCE

☐ Fence Installation/Repair/Replacement

All fences must have smooth side facing street and or neighbors

STRUCTURE

☐ Room Addition

☐ Patio/ Sunroom/ Pergola/ Sheds (PERMIT REQ)

☐ Pool/ Inground only

LIGHTING & IRRIGATION

☐ Exterior Lighting Installation (decorative)

☐ Landscape Lighting Installation

☐ Irrigation System Installation

☐ Well System / Installation

OTHER ☐ _____

HARDSCAPING

☐ Walkway Installation/Replacement

☐ Paver ☐ Concrete ☐ Other

☐ Patio Paver Installation/Replacement

☐ Driveway Paver Installation/Replacement

☐ Concrete Edging/ Color: _____

LANDSCAPE

☐ Tree Removal/Addition

☐ Sod New/Replacement

☐ Flower Bed Installation/Removal/Replacement

Note: THE FOLLOWING ITEMS NEED TO BE SUBMITTED ALONG WITH THIS FORM: (1) COPY OF PLOT PLAN/PROPERTY SURVEY SHOWING LOCATION OF MODIFICATION; (2) DRAWING AND OR COLOR SAMPLES (3) REQUIRED CITY PERMITS

Please complete the following, if applicable:

Anticipated Start Date: _____ Estimated Completion Date: _____

Contractor: _____ Architect: _____

Phone: _____ Phone: _____

Additional Comments: _____

Conditions applicable to the HOMETOWN HOA ARC application:

1. I understand that compliance with the HOA and approval by the Architectural Review Committee (ARC) does not necessarily constitute compliance with the building and zoning codes or provisions of my County.
2. Approval of any project by the ARC does not waive the homeowner's responsibility for obtaining the appropriate County permits and inspections as required. Further, obtaining required County permits do not waive the requirements for ARC approval.
3. I understand and agree that no construction or exterior alteration shall commence without written approval from the ARC. If alterations are made prior to receiving approval, I may be required to return the property to its former condition at my own expense if this application is disapproved wholly or in part, and that I may be required to pay all legal expenses incurred.
4. I understand that members of the ARC or of the Management Company may contact me for more information or clarifications regarding my request.
5. I understand that any approval is contingent upon construction or alterations being completed in a professional-like manner.
6. The ARC Committee or the Board of Directors will provide an ARC decision on all applications for alteration within 30 days of receipt of a properly and fully completed application.
7. The work must be performed strictly in accordance with the plans as approved. If after plans have been approved, the improvements are altered, erected, or maintained upon the Lot other than as approved, same shall be deemed to have been undertaken without ARC approval. If new ARC is not submitted and reviewed, I may be required to return the property to its former condition at my own expense.
8. **All supporting documents (i.e. drawings, illustrations, plot plans, plats & surveys) must be submitted with the application in order for the ARC application to be considered "complete".**

Please email the "completed", original application to ARC@cmsorlando.com or mail the "completed" original application to:
Community Management Specialists, Inc.
71 S. Central Ave.
Oviedo, FL 32765

I have read and understand these conditions, _____
(Initials)

****DO NOT WRITE BELOW THIS LINE. FOR OFFICE AND HOA USE ONLY****

ARC and BOARD OF DIRECTORS OF THE ASSOCIATION USE ONLY **DIGITAL SIGNATURE PROCESS SECTION**

ARC Meeting Minutes and ruling:

Date Received, Mgmt: _____ Date to ARC: _____ Date to Homeowner: _____

Date of Meeting: _____ Location of meeting: _____

Meeting Called to order at: _____ ☐ am ☐ pm (full address must be entered or specific location)
Meeting adjourned at: _____ ☐ am ☐ pm

Members Present at meeting and voting: ☐ **Quorum Met** ☐ **Qorum Not Met**

Member Signature in Attendance

Member Signature in Attendance

	<input type="checkbox"/> approved	<input type="checkbox"/> denied		<input type="checkbox"/> approved	<input type="checkbox"/> denied
	<input type="checkbox"/> approved	<input type="checkbox"/> denied		<input type="checkbox"/> approved	<input type="checkbox"/> denied
	<input type="checkbox"/> approved	<input type="checkbox"/> denied		<input type="checkbox"/> approved	<input type="checkbox"/> denied

Final disposition and voting: majority vote rules

☐ **Approved** ☐ **Disapproved/Denied** ☐ **Incomplete**

☐ Approved with the following conditions: _____

☐ Plans incomplete, information needed: _____

Comments: _____

By: _____ Date: _____
ARC Chairperson / ARC Member