

**KINGSBRIDGE EAST HOMEOWNERS ASSOCIATION, INC.**  
ARCHITECTURAL REVIEW APPLICATION

SUBMIT COMPLETED APPLICATION TO:  
**Kingsbridge East HOA, Inc. c/o Pinnacle Property Management, LLC**  
1511 East SR 434, Suite 3001, Winter Springs, FL 32708  
Phone: 407-977-0031 Fax: 407-977-5495

**THIS APPLICATION MUST BE APPROVED PRIOR TO COMMENCEMENT OF ANY EXTERIOR WORK**

PROPERTY OWNER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**ATTACH COPY OF PROPERTY SURVEY SHOWING LOCATION OF REQUESTED MODIFICATION. ATTACH PRINT/ COLOR SAMPLES, PLANS, AND/OR PHOTOS AS NEEDED TO DESCRIBE MODIFICATION. ANY/ALL REQUIRED GOVERNMENTAL PERMITS ARE A CONDITION OF FINAL APPROVAL. ANY/ALL CHANGES MUST CONFORM TO APPLICABLE COVENANTS & RESTRICTIONS.**

DESCRIBE THE ADDITION, CHANGE, OR INSTALLATION TO BE REVIEWED BY THE ARCHITECTURAL REVIEW BOARD:

Exterior Color Change\* Base/Garage \_\_\_\_\_ Trim \_\_\_\_\_ Door \_\_\_\_\_

Swimming Pool  Screen  Landscaping  Fence  Fountain/ Statue/ Ornamentation  Other

PLEASE DESCRIBE IN DETAIL (OR REFERENCE APPLICABLE ATTACHMENTS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Homeowner Signature \_\_\_\_\_

**\*EXTERIOR COLORS MUST BE SELECTED FROM THE APPROVED COLOR BOOK ONLY, AVAILABLE AT PINNACLE PROPERTY MANAGEMENT, 1511 EAST SR 434, SUITE 3001, WINTER SPRINGS, FL 32708 AND SHERWIN WILLIAMS, LOCATED AT 200 ALAFAYA WOODS BLVD., OVIEDO, FL 32765, OR BY CALLING 407-359-6999. Applications must include color swatches, showing the color name.**

**\*\*By signing this application, you consent to entry by Kingsbridge East HOA, through its agents or BOD, onto above reference property to ensure compliance with architectural matters submitted to the Kingsbridge East HOA. If Approved work is not competed within 60 days from approval, please contact the ARB to request and extension. \*\*\*Please re-submit plans to the ARB within fourteen (14) days of receipt of this notice. Work may not commence until the ARB has rendered a final written approval.**

**FOR USE BY ARCHITECTURAL REVIEW BOARD (ARB)**

DATE RECEIVED \_\_\_\_\_ DATE TO ARB \_\_\_\_\_ DATE TO HOMEOWNER \_\_\_\_\_

\_\_\_\_\_  
Approved as Submitted (MUST CONFORM WITH COVENANTS & RESTRICTIONS)  
\_\_\_\_\_  
Approved with Required Changes \_\_\_\_\_  
\_\_\_\_\_  
Plans Incomplete, Information requested \_\_\_\_\_  
\_\_\_\_\_  
Rejected. Reason \_\_\_\_\_

All approvals are subject to the following:

- A. Property owner must obtain any necessary permits.
- B. Property owner must accept liability for damage to common areas or other property
- C. Property owner must accept liability for encroachment on or damage to any easements.

\_\_\_\_\_  
Signature/ Date  
Architectural Review Committee

\_\_\_\_\_  
Signature/ Date  
Architectural Review Committee