

ARCHITECTURAL REVIEW APPLICATION

LITTLE CREEK HOMEOWNERS ASSOCIATION, INC.

THIS FORM IS TO BE COMPLETED BY THE HOMEOWNER AND SUBMITTED TO THE ARCHITECTURAL REVIEW BOARD FOR APPROVAL PRIOR TO COMMENCEMENT OF ANY WORK. REFER TO YOUR DECLARATION OF COVENANTS AND RESTRICTIONS FOR A DESCRIPTION OF THE ARB AND ITS PURPOSE. **PLEASE ALLOW THIRTY (30) DAYS UPON RECEIPT FOR A DECISION FROM THE ARB.**

Mail completed application to:

Little Creek Homeowners 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): _____ Resident's Name: _____

Property Address: _____
E-mail address: _____ Phone: _____ Day _____ Night _____
May the Architectural Review Board contact you for clarification or questions? ____ Yes ____ No

By signing below, I/We understand the modification cannot begin before receiving approval from the ARB. Furthermore, I/We assume all liability for any damage incurred as a result of this modification as well as any additional maintenance costs that may be incurred. I/We also agree to obtain any permits that may be required by any and all governmental agencies for this modification.

Signature(s): _____ Date: _____

Please complete the following and attach copies of any plans, samples, brochures, estimates, color photos and/or swatches as applicable to your proposed project:

Contractor/Painter/Architect: _____ Phone: _____

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

- ____ **Exterior Color Selections*** (Please include dry samples denoting body, trim, entry door, garage door, and/or roof colors.)
 - ____ **Fence Plan** (Include a plat plan showing location, dimensions, height, and setback from the front of the house to where the fence starts.)
 - ____ **Pool** (Detail color of any screen enclosure and detail how pool equipment will be screened from view, if applicable.)
 - ____ **Landscaping Plan** (Detail plants, turf, shrubbery, trees, etc. to be used; Include a plat plan showing location of landscaping.)
 - ____ **Construction project**, such as screen room or room addition. (Please detail colors, dimensions and materials to be used.)
 - ____ **OTHER** (Please specify) _____
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***EXTERIOR COLORS MAY BE SELECTED FROM THE OPTIONAL LITTLE CREEK COLOR BOOK, AVAILABLE AT PINNACLE PROPERTY MANAGEMENT, COLOR WHEEL PAINT STORE – EAST ORLANDO LOCATION, 11222 E. COLONIAL DR., ORLANDO, FL 32817 OR BY CALLING 407-277-2726.**

REMEMBER: Requests and alterations must conform to all local Zoning and Building Regulations. If your request is approved, you are responsible for obtaining the required permits. If your request is denied by the ARB, you may appeal to the Board of Directors for further 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 BOARD

Approved: _____
Signature (s) _____ Date _____
Disapproved: _____
Signature (s) _____ Date _____

COMMENTS BY ARB
