

ARCHITECTURAL REVIEW APPLICATION

PICKETTS COVE HOMEOWNERS ASSOCIATION, INC.

THIS FORM IS TO BE COMPLETED BY THE HOMEOWNER AND SUBMITTED TO THE ARCHITECTURAL CONTROL COMMITTEE FOR APPROVAL PRIOR TO COMMENCEMENT OF ANY WORK. **PLEASE ALLOW THIRTY (30) DAYS UPON RECEIPT FOR A DECISION FROM THE ACC.**

Mail completed application to:

**Picketts Cove 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 Control Committee contact you for clarification or questions? Yes No

By signing below, I/We understand the modification cannot begin before receiving approval from the ACC. 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 of fence.)

_____**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) _____

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 CONTROL COMMITTEE

Approved: _____
Signature Date

Disapproved: _____
Signature Date

COMMENTS BY ACC

