

ARCHITECTURAL REVIEW APPLICATION

**DUNWOODY COMMONS HOMEOWNERS ASSOCIATION, INC.**

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

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Mail completed application and all supporting documentation to:

**Dunwoody Commons 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

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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: \_\_\_\_\_

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**PROJECT DESCRIPTION/CHANGE:** i.e., flag installation, lighting, screen porch, etc.

\_\_\_\_\_

\_\_\_\_\_

**LOCATION:** Attach a copy of your plot plan/survey showing where the modification is located relative to the home and property; **NOTE – Application will be returned if this information is not submitted.**

\_\_\_\_\_

\_\_\_\_\_

**SPECIFICATIONS:** 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/Architect: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dimensions: \_\_\_\_\_ Materials: \_\_\_\_\_  
Color(s): \_\_\_\_\_

**NOTE:** 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 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.

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**THIS SECTION TO BE COMPLETED BY THE ARCHITECTURAL CONTROL COMMITTEE**

[ ] Approved: \_\_\_\_\_  
Signature(s) \_\_\_\_\_ Date \_\_\_\_\_  
[ ] Disapproved: \_\_\_\_\_  
Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**COMMENTS BY ACC**

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