

ARCHITECTURAL CONTROL APPLICATION

WOODLAND LAKE II HOME OWNERS 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 REFER TO YOUR DECLARATION OF COVENANTS AND RESTRICTIONS FOR A DESCRIPTION OF THE ACC AND ITS PURPOSE. **PLEASE ALLOW THIRTY (30) DAYS UPON RECEIPT FOR A DECISION FROM THE ACC.**

Send completed application to:

**Woodland Lakes II Home Owners 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**

Email: Arch@ppmorlando.com

Homeowner's Name: _____

Lot # _____

Mailing Address (If different from Property Address):

Please check if you live on ___ Conservation ___ Pond

Resident's Name: _____

Property Address: _____

E-mail address: _____

Phone: _____ Day _____ Night

May the Architectural Control Committee contact you for clarification or questions? ___ Yes ___ No

- **ATTACH A PROPERTY SURVEY COPY LOCATING EXTERIOR CONSTRUCTION PROJECTS**
- **KEEP A COPY OF ALL FORMS AND/OR SAMPLES THAT YOU ARE SUBMITTING FOR YOUR RECORDS**
- **ATTACH PAINT/COLOR SAMPLES, PLANS, PHOTOS AS NEEDED TO DESCRIBE MODIFICATION**
- **ALL NECESSARY PERMITS REQUIRED FOR THIS PROJECT MUST BE OBTAINED**
- **ALL CHANGES MUST COMPLY WITH THE COVENANTS AND RESTRICTIONS**

Change or installation to be reviewed by ACC: (CHECK ALL THAT APPLY)

Swimming Pool (Attach Design)	Landscaping (Attach Design)	Fence (Attach Design & picture)	Screen or Pool Enclosure (Attach Design)	Exterior Colors (Attach Samples)
w/Screen Enclosure	Trees	6' White Vinyl/Polymer picket or privacy	Metal Color: Bronze color only	Base/Garage:
w/o Screen Enclosure	Flowers or Shrubbery Arrangement	Waterfront – 4' White Vinyl/Polymer picket	Screen color:	Trim:
	Other:	Waterfront – 4' picket extend 20' into side yard, then angle up to 6' privacy	w/Roof: Must have shingles that match existing roof	Downspouts: Same as base Soffits: must be white
				Doors/Shutters:

OTHER: (Please describe): _____

Note: Request 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.

ATTACHED you will find a sketch, and dimensions of my alterations and a copy of my survey and with the dimensions of my alterations drawn to scale.

Owner Signature(s): _____ Date: _____

ACC Chair: _____ ACC 2nd: _____ Date: _____

APPROVED: _____ APPROVED/CONDITION: _____ DENIED: _____

CONDITION: _____

INTERNAL USE ONLY

Date received: _____ Forwarded to: _____ Date: _____ Copy to Owner: _____