

# ARCHITECTURAL REVIEW REQUEST FOR PROPERTY IMPROVEMENT

**AVIANA RESORT ARB**  
251 Hart Rd Davenport FL 33837

Date Submitted \_\_\_\_\_ Owner's Name \_\_\_\_\_  
Property Address \_\_\_\_\_  
Owner's Mailing Address (If different from above) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

What type of project/ improvement are you requesting?  
\_\_\_ Deck/Patio/Enclosure \_\_\_ Outbuilding \_\_\_ Other(Provide details) \_\_\_\_\_

For your application to be complete, please provide us with the following information. Incomplete information will not be processed:

- 1) Please provide a complete description of your project/improvement, being as detailed as possible.
- 2) Type of materials to be used and sample of colors if applicable. Include drawings, brochures, photos, etc.
- 3) Copy of the most recent certified lot survey showing location of proposed improvement/project.
- 4) If repainting, you must supply old trim and exterior wall colors, samples of new colors, or accent masonry colors.
- 5) Any damage to sidewalks, curbs, roads, grasses and common grounds of Aviana Resort will have to be restored to its current condition and will be the responsibility of the homeowner making this request.

Please provide a complete description of your project/improvement. Please provide as much detail as possible.

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NOTE: *It is the responsibility of the Homeowner/ Contractor to secure all necessary permits from Polk County and to comply with the Local Building Codes for setbacks from the property lines, retention ponds, existing structures, easements, and safety requirements. Only the Homeowner of record may request architectural approval. Approved projects must be substantially completed within \_\_\_ months or you must resubmit once commenced. The approved construction must proceed diligently.*

Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## ARCHITECTURAL REVIEW BOARD USE ONLY

Date received: \_\_\_\_\_ Decision Date: \_\_\_\_\_ ARB Decision: \_\_\_ Approved \_\_\_ Denied

ARB Member Signature: \_\_\_\_\_ ARB Member Signature: \_\_\_\_\_  
ARB Member Signature: \_\_\_\_\_

### ARB Comments/Conditions of Approval

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The ARB has 30 days, from the date of ARB receipt of all proper documentation, to process your request and provide a decision. To confirm ARB receipt of your request or to check the status of your request please go to [www.TheAvianaResort.com/ask-the-board.html](http://www.TheAvianaResort.com/ask-the-board.html)

If you wish to appeal the decision of the results of the ARB decision, please contact the [Aviana.ARB@gmail.com](mailto:Aviana.ARB@gmail.com)