

**SANDPOINTE TOWNHOUSES OWNERS HOMEOWNERS ASSOCIATION  
APPLICATION TO THE ARCHITECTURAL REVIEW COMMITTEE**

*This request form is to be completed by the homeowner and submitted to the Architectural Review Committee (ARC) for approval BEFORE any work commences. No work is to start prior to ARC approval in writing.*

Please refer to your Declaration of Covenants and Restrictions for a description of the ARC and its purpose. Be sure to complete this application IN FULL. A copy of the property's survey must accompany this application indicating where the alteration and/or addition are located.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

e-mail address: \_\_\_\_\_

DESCRIBE THE ALTERATION/ADDITION: (Landscaping, Screen Enclosure, etc.)

LOCATION: (A copy of the property's survey showing where the planned addition/alteration is to be located must be attached to this application)

SPECIFICATIONS: (Copies of plans, estimates and/or pictures must be attached to this application.)

DIMENSIONS: \_\_\_\_\_

MATERIALS: \_\_\_\_\_

COLORS: \_\_\_\_\_

It is the Property Owner's responsibility to conform to all local Zoning and Building Regulations. All required building permits from the County/City must be obtained by the property owner and of copy of the permit must be presented to the Association.

Signature \_\_\_\_\_ Date \_\_\_\_\_

MAIL COMPLETED APPLICATION TO: **STOA Clubhouse**  
**8010 Breeze Cove Lane**  
**Orlando, Fl 32819**

OR FAX APPLICATION TO: **(407) 351-4310**

*THIS SECTION IS TO BE COMPLETED BY THE ARCHITECTURAL REVIEW COMMITTEE*

| Date Received           | Date Approved | Date Denied |
|-------------------------|---------------|-------------|
| BOARD MEMBER SIGNATURE: |               |             |
| COMMENTS:               |               |             |
|                         |               |             |
|                         |               |             |