

BAYSPRINGS HOMEOWNERS' ASSOCIATION, INC.

ARCHITECTURAL REVIEW APPLICATION

This form is to be completed by the Homeowner and submitted to **BAYSPRINGS HOMEOWNERS** Architectural Review Committee or the Board of Directors, for approval, **BEFORE** any exterior alterations or work commences.

The following is to be completed by the homeowner:

1. NAME _____
2. ADDRESS _____
3. PHONE (H) _____ (W) _____
4. DESCRIBE THE CHANGE (i.e. painting, fence, addition etc.)

5. LOCATION (attach copies of plans or pictures showing where the addition is to located)

6. SPECIFICATIONS : (attach copies of plans or pictures, color samples and describe the following)
DIMENSIONS _____
MATERIALS _____
COLOR _____

NOTE: All requests must conform to the local Zoning and Building regulations and you must obtain all necessary permits if your request is approved by the Board.

Architectural Review Board will complete:

DATE APPROVED _____ DATE DENIED _____

COMMENTS: _____

PLEASE NOTE THAT ALL APPLICATIONS ARE VALID FOR SIX (6) MONTHS AFTER APPROVAL. DURING THAT TIME, THE WORK REQUESTED MUST BE COMMENCED AND COMPLETION IS TO BE WITHIN THIRTY (30) DAYS OF COMMENCEMENT.

Please return to:

BAY SPRINGS HOA / ARB
P.O. Box 2611
Windermere, Fl., 34786-2611
Or
Bayspringshoa@gmail.com