

ARCHITECTURAL REVIEW APPLICATION

SAWGRASS ESTATES HOMEOWNERS ASSOCIATION, INC.

THIS FORM IS TO BE COMPLETED BY THE HOMEOWNER AND SUBMITTED TO THE ARCHITECTURAL REVIEW COMMITTEE FOR APPROVAL PRIOR TO COMMENCEMENT OF ANY WORK. **PLEASE ALLOW FOURTEEN (14) DAYS UPON RECEIPT FOR A DECISION.**

Complete this form on-line and email, or print and mail completed application to:

Cypress Springs Village S HOA -(Sawgrass Estates)
c/o Highland Community Management: 4110 S. Florida Ave. STE. 200, Lakeland, FL
33813

Phone:863-940-2863 Email:admin@hcmanagement.org

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 Review Board contact you for clarification or questions? ___ Yes ___ No

By signing below, I/We understand the modification cannot begin before receiving approval from the ARC. 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: _____

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/Painter/Architect: _____ Phone: _____

PURPOSE OF APPLICATION: (Check appropriate items and include specific details in the space provided below.)

___ **Pool** (detail color of any screen enclosure and detail how pool equipment will be screened from view)

___ **Fence Plan** (Posts must face inward; Include a plat plan showing location of fence.)

___ **Landscaping Plan** (Detail plants, turf, shrubbery, trees, etc. to be used; Include a plat plan showing location of landscaping.)

___ **Construction project** such as screen room or room addition. (Please detail colors, dimensions and materials to be used.)

___ **Exterior Color Selections** (from approved color book)

Scheme # _____ **Body/Garage** _____ **Trim/Shutters** _____ **Door** _____

___ **Roof:** Manufacturer and Color (*Approved*): () GAF Timberline- Weathered Wood () Certaineed Landmark- Waethered Wood
 * () Atlas Pinnacle Pristine - Pristine Weathered () Owens Corning - Driftwood () IKO Cambridge - Weatherwood

___ **OTHER: (please specify):** _____

REMEMBER: Requests and alterations must conform to all local Zoning and Building Regulations. If your request is approved, you are responsible for obtaining the required permits. If your request is denied by the AR , you may appeal to the Board of Directors for further review. 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.

THIS SECTION TO BE COMPLETED BY THE ARCHITECTURAL REVIEW COMMITTEE

Approved: _____ Signature _____ Signature _____ Signature _____ Date _____

Disapproved: _____ Signature _____ Signature _____ Signature _____ Date _____

COMMENTS BY ARC

PLEASE NOTE: WORK MUST BE COMPLETED WITHIN SIXTY (60) DAYS OF APPROVAL NOTIFICATION.

Date Received By ARC _____ Date ARC Replied To HCM _____