

**ESTATES AT SUMMER LAKES CYPRESS SPRINGS II HOMEOWNERS ASSOCIATION INC.  
ARCHITECTURAL REVIEW APPLICATION**

Please complete and return this form for approval prior to commencement of any work Return to:  
Estates at Summer Lakes Cypress Springs II Homeowners Association, Inc. c/o Bono & Associates  
640 E. SR 434. Suite 3000, Longwood, FL 32750  
Phone: 407-233-3560 Fax: 407-233-3498 [information@bonomgmt.com](mailto:information@bonomgmt.com)

Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Describe the addition, change or installation to be reviewed by the Architectural Review Board:**

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- PLEASE ATTACH A PROPERTY SURVEY COPY LOCATING EXTERIOR CONSTRUCTION PROJECTS
- 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 & RESTRICTIONS
- ROOFS MUST BE OWENS CORNING 25 YEARS "DRIFTWOOD" OR GAF TIMBERLINE HD OR TAMKO - "WEATHERED WOOD". NO OTHER BRANDS OR COLORS WILL BE APPROVED. DRIP EDGE, FASCIA AND SOFFITTS ARE REQUIRED TO BE WHITE. NO EXCEPTIONS.
- ALL WORK WILL BE PERFORMED AT A TIME AND IN A MANNER SO TO MINIMIZE INTERFERENCE AND INCONVIENCE FOR OTHERS.
- THE ARC HAS UP TO 30 DAYS FROM CONFIRMED RECEIVED DATE TO REVIEW ALL APPLICATIONS.
- I/WE ASSUME ALL LIABILITY AND WILL BE RESPONSIBLE FOR ALL DAMAGE TO OTHER LOTS AND/OR COMMON AREA OR INJURY, WHICH MAY RESULT FROM THE PERFORMANCE OF THIS WORK
- I/WE WILL BE RESPONSIBLE FOR THE CONDUCT OF ALL PERSONS, AGENTS, CONTRACTORS, SUBCONTRACTORS AND EMPLOYEES WHO ARE CONNECTED WITH THIS WORK.
- I/WE AM/ARE RESPONSIBLE FOR COMPLYING WITH AND WILL COMPLY WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS, CODES, REGULATIONS AND REQUIREMENTS IN CONNECTION WITH THIS WORK, AND I/WE WILL OBTAIN ANY NECESSARY GOVERNMENTAL PERMITS AND APPROVALS FOR THE WORK.

Owners Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

*FOR USE BY ARCHITECTURAL REVIEW BOARD*

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Date Received \_\_\_\_\_ Date To ARB \_\_\_\_\_ Date To Homeowner \_\_\_\_\_

The ARB's decision on the plans submitted is as follows, supporting documentation may be attached to this form:

[ ] Approved CHANGES MUST COMPLY WITH THE COVENANTS & RESTRICTIONS AND RULES OF ASSN.  
*(\*All Approvals valid for 6 months from approved date below)*

[ ] Approved with the following condition\* \_\_\_\_\_

[ ] Rejected \_\_\_\_\_

[ ] Plans incomplete, information requested \_\_\_\_\_

Please resubmit plans to the ARB within fourteen (14) days of receipt of this notice.

Work cannot be performed until the ARB has rendered a written unconditional approval.

ARB Comments: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Estate at Summer Lakes at Cypress Springs II Homeowners Association Inc. Architectural Review Board