

ESTATES AT SUMMER LAKES CS 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 CS II Homeowners Association, Inc.

C/O Bono & Associates

766 N. Sun Dr., Suite #2000

Lake Mary, FL 32746

Phone: 407-233-3560 Fax: 407-233-3498

Penny@BonoMgmt.com & Information@BonoMgmt.com

Property Owner: _____ Date: _____

Property Address: _____

Mailing Address (if different): _____

Phone: _____ Fax: _____ Email: _____

Description of the addition, change or installation to be reviewed by the Architectural Review Committee: _____

- PLEASE ATTACH PROPERTY SURVEY COPY LOCATING EXTERIOR CONSTRUCTION PROJECTS
- ATTACH COLOR SAMPLES, DESIGNS, PHOTOS, PROPERTY SURVEY AS APPLICABLE TO DESCRIBE MODIFICATION
- ATTACH ALL REQUIRED PERMITS. OWNER IS RESPONSIBLE FOR OBTAINING ALL REQUIRED PERMITS,
- ROOFS – MUST BE OWENS CORNING 25 YEARS (THE COLOR = “DRIFTWOOD”) OR GAF TIMERLINE HD (THE COLOR = “WEATHERED WOOD”) OR TAMKO (THE COLOR = “WEATHERED WOOD”) - NO OTHER BRANDS OR COLORS WILL BE APPROVED. DRIP EDGE, FACIA AND SOFFITS ARE REQUIRED TO BE WHITE, NO EXCEPTIONS
- ALL WORK WILL BE PERFORMED AT A TIME AND IN A MANNER SO TO MINIMIZE INTERFERENCE AN INCONVENIENCE FOR OTHERS.
- ALL CHANGES MUST COMPLY WITH THE COVENANTS AND RESTRICTIONS
- 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.

THE SECTION BELOW IS FOR USE BY THE ARCHITECTURAL REVIEW COMMITTEE ONLY

Date Received _____ Date to ARB _____ Date to Owner _____

The ARC'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 conditions: _____

[] 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.

ARC Comments: _____

By: _____ Date: _____

