**** A 30-DAY PROCESSING TIME is standard for most associations ****

AUBURN COVE HOMEOWNERS ASSOCIATION ARCHITECTURAL REVIEW APPLICATION

PLEASE COMPLETE AND RETURN FORM FOR APPROVAL PRIOR TO COMMENCEMENT OF ANY WORK

MAIL TO: AUBURN COVE HOMEOWNERS ASSOCIATION, C/O SENTRY MANAGEMENT
17011 STATE ROAD 50, SUITE 303, CLERMONT FL 34711
EMAIL: CMRECEPTION@SENTRYMGT.COM

PROPERTY OWNER: _____ DATE: _____

PROPERTY ADDRESS: _____ ZIP: _____

MAILING ADDRESS: _____

PHONE(S): _____ EMAIL:_____

- **PLEASE ATTACH A PROPERTY SURVEY COPY LOCATING EXTERIOR CONSTRUCTION PROJECTS**
- **ATTACH PAINT/COLOR SAMPLES, PLANS, PHOTOS AS NEEDED TO DESCRIBE DESIRED MODIFICATIONS**
- **ALL NECESSARY PERMITS REQUIRED FOR THIS PROJECT MUST BE OBTAINED**

DESCRIBE THE ADDITION, CHANGE OR INSTALLATION TO BE REVIEWED BY THE ARB:

( ) SWIMMING POOL ( ) LANDSCAPING – (Identify plantings and provide Rendering if significant changes)

( ) SCREENING ( ) FENCE ( ) YARD ORNAMENTS – (Pictures and Placements Needed)

( ) EXTERIOR COLORS – Attach Sample Colors and/or Provide Paint Vendor Code (Must be from Approved Color Listing
BASE _____TRIM _____ GARAGE _____ DOOR _____

( ) OTHER (Please Describe in Detail – Add additional Sheets if needed) _____

_____ _____
OWNER SIGNATURE OWNER SIGNATURE

FOR USE BY ARCHITECTURAL REVIEW BOARD

DATE RECEIVED _____ DATE TO ARB _____ DATE TO HOMEOWNER _____

THE ARB'S DECISION ON THE PLANS SUBMITTED IS AS FOLLOWS.

( ) APPROVED (MUST CONFORM TO ASSOCIATION COVENANTS & RESTRICTIONS)

( ) PLANS INCOMPLETE, INFORMATION REQUESTED _____

( ) APPROVED WITH THE FOLLOWING CONDITION _____

( ) REJECTED REASON _____

PLEASE RESUBMIT PLANS TO THE ARB WITH FOURTEEN (14) DAYS OF RECEDIPT OF THIS NOTICE.
WORK MAY NOT COMMENCE UNTIL THE ARB HAS RENDERED A WRITTEN APPROVAL.
THANK YOU FOR YOUR COOPERATION.

BY: _____ DATE: _____
AUBURN COVE HOMEOWNERS ASSOCIATON INC.
ARCHITECTURAL REVIEW BOARD

BY: _____ DATE: _____
AUBURN COVE HOMEOWNERS ASSOCIATON INC.
ARCHITECTURAL REVIEW BOARD