

The Estates of Fieldstream Homeowners Association, Inc

www.estatesoffieldstreamhoa.com

Architectural Installation/Alteration (Rev. 6)

**THIS ARB FORM IS TO BE USED FOR ROOF, LANDSCAPE, GUTTERS, TREES, PLANTS, DRIVEWAY, PAVERS, ENCLOSURES, ETC...
THERE IS A SEPARATE FORM FOR PAINTING AND FENCE REQUESTS. YOUR APPLICATION MUST BE SUBMITTED ON THE CORRECT
FORM OR IT WILL BE CONSIDERED INVALID AND RETURNED.**

To Architectural Review Committee

I/We _____, hereby request approval by the Estates of Fieldstream Homeowners Association (HOA) Architectural Review Committee (ARC) for the following:

Installation or alteration to my/our home.

Lot# _____, Property Address: _____

Email: _____ Phone (C) _____ (H) _____

I would like approval to: _____

Description: Material Type: _____

Color: _____

Permits will be applied for: _____ YES _____ No _____ Does not require permits for my change

REQUIRED ITEMS: A LOT SURVEY IS REQUIRED, AND MUST BE MARKED WHERE THE CHANGE(S) ARE TO TAKE PLACE. YOU MUST ALSO SUBMIT PICTURES OF MATERIALS, PLANTS, SHINGLE COLOR, ETC AND SUBMIT WITH APPLICATION. IF PERMITS ARE REQUIRED FOR YOUR CHANGE IT MUST BE MARKED ABOVE THAT YOU OR YOUR VENDOR ARE SUBMITTING PERMITS FOR THE MODIFICATION OR WORK TO BE DONE. IF YOU DO NOT INCLUDE THIS INFORMATION YOUR APPLICATION WILL AUTOMATICALLY BE MARKED DENIED FOR INCOMPLETE APPLICATION AND BE RETURNED TO YOU. YOU THEN WILL NEED TO RESUBMIT WITH ALL THE REQUIRED ITEMS.

In the event of approval of my/our request for this installation/alteration, I/we will assume all liability for any damage incurred as a result of this installation/alteration; and that a property permit shall be obtained from Orange County Florida as required. I/We certify that the alteration to be made will not extend past my/our legal property line. I/We further understand that I/we shall assume responsibility for the maintenance of this installation/alteration to my/our lot and all applicable HOA guidelines, documents, etc., will be followed.

Owner(s) Signature(s): _____ / _____ Date: _____
(Sign or type name) *(Sign or type name)*

TO BE COMPLETED BY HOA ONLY

If application is Incomplete _____ YES _____ No (If Yes, please mark date mailed back to owner) Date : _____

The above request has been: ___ APPROVED ___ DISAPPROVED

ARC member(s) signature(s) _____ / _____ Date _____

Comments/Stipulations: _____

