

THE ESTATES FIELDSTREAM HOMEOWNERS ASSOCIATION

estatesoffieldstreamhoa.com

Fence Installation Form (Rev 4)

THIS FORM IS TO BE USED FOR FENCE REQUESTS ONLY.

To the Architectural Review Committee:

I/We, _____, hereby request approval by the Estates of Fieldstream Homeowners Association Architectural Review Committee for the following fence installation or alteration to my/our property.

Property Address: _____ Lot # _____

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

I/We would like approval to: Please Check all that apply.

Installing New fence: _____ YES _____ NO

Modifying an Existing Fence: _____ YES _____ NO *Modifying

Existing fence Placement? _____ YES _____ NO

Privacy Fence Description:

Material Type: _____

Stain/Paint Color: _____ Contractor Company Name: _____

Permit being applied for by owner: _____ Yes _____ No Permits being applied for by Vendor: _____ Yes _____ No

A LOT SURVEY IS REQUIRED. YOU MUST HAVE THE FENCE LOCATION MARKED ON SURVEY ALONG WITH DIMENSIONS OF WHERE THE FENCE IS TO BE PLACED. A SAMPLE PICTURE OF MATERIAL OF FENCING TO BE USED MUST BE SUBMITTED. IF YOU FAIL TO SUBMIT THIS INFORMATION YOUR APPLICATION WILL BE AUTOMATICALLY DENIED AND MARKED INCOMPLETE AND RETURNED BACK TO YOU TO RESUBMIT. YOUR APPLICATION WILL NOT BE REVIEWED UNTIL ALL ITEMS ARE SUBMITTED.

Attached you will find a description of the installation/alteration and a copy of my/our survey with the dimensions of the installation/alteration if applicable or as requested by the Architectural Review Committee. 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 to my/our Lot and to any lot adjoining; and that a proper permit shall be obtained from Orange County Florida as required by County Statute. I/We certify that the installation/alteration to be made will not extend beyond my/our legal property line or into any easements. I/We further understand that I/we shall assume responsibility for the maintenance of this installation/alteration to my/our lot and that all applicable HOA guidelines, documents, etc., will be followed.

Owner(s) Signature(s): _____ / _____ Date _____

To Be Completed by The 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: _____