Crescent Lake Club Homeowners Association, Inc.

Architectural Control Committee (ACC)

EXTERIOR **PAINTING** SUBMITTAL FORM

This form must be completed by the homeowner and approved by the Architectural Committee **BEFORE** any work commences. Please refer to your Declaration of Covenants & Restrictions Article for a description of the ACC and its purpose.

Homeowner's Name: _____ Contact Phone # _____

Lot# _____ Street Address: _____ Email address: _____

Mailing Address (if different than above): _____ _____ ____ _____
City St. Zip

I agree that I will be responsible to make sure the color that is approved is matched exactly before painting begins.

Homeowner's Signature: _____ Form Completion Date: _____

1. CONTRACTOR: _____
(Name of whoever is doing work.)

2. Start Date: _____ **Completion Date:** _____

3. PAINT TYPE:

A. Satin or Semi Gloss Paint **Required.** What type of paint are you going to use? **Satin / Semi Gloss** (circle one)
B. What brand name of paint are you going to use? *(Color Wheel, Sherwin Williams, etc)?* _____

4. COLOR CHOICES

Paint Chips MUST be provided and attached to this form for each color used, even if you are painting your house the existing color.
Fill out ALL lines; if you are not painting an area, give the existing color.

1. Body Color:_____ Paint Code:_____
2. Garage Door Color:_____ Paint Code: _____
3. Front Door Color:_____ Paint Code:_____
4. Trim Color:_____ Paint Code:_____
5. Other Detail:_____ Paint Code:_____
(Accent, Diamond feature, etc. Be specific)

PLEASE NOTE: All submittals must commence within 90 days of approval or must be re-submitted!

Please forward submittal to this address only:
SWP Management - ACC Submittal
P.O. Box 7
Gotha, FL 34734

Date **APPROVED** by ACC____/____/_____

Initialed _____ Initialed _____ Initialed _____

Date **approved w/conditions** by ACC ____/____/_____
Initialed _____ Initialed _____ Initialed _____

Conditions:_____
_____
_____
_____

Architectural Control Committee- To help a homeowner better understand conditions or reasons for a denial, please be very specific.

Date **DENIED** by ACC____/____/_____

Initialed _____ Initialed _____ Initialed _____

Reason (s): _____
_____
_____
_____
_____
_____
_____

Mgmt. Company Rec'd Stamp

ACC Rec'd Stamp

This form should be mailed only to: SWP Management-PO Box 7-Gotha, FL 34734 7-30-12