

**Carrollwood Key Home Owners Association
ARCHITECTURAL REVIEW APPLICATION**

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

MAIL TO: CARROLLWOOD KEY HOME OWNERS ASSOCIATION BOD
C/O AMERI-TECH PROPERTY MANAGEMENT, INC
4014 GUNN HWY. STE 243 TAMPA, FL 33618
PHONE: 813-968-8008 FAX: 813-514-4183

PROPERTY OWNER: _____ DATE: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT) _____

PHONE: _____ FAX: _____ EMAIL: _____

- **ATTACH PAINT / COLOR SAMPLES, PLANS, PHOTOS AS NEEDED TO DESCRIBE MODIFICATION**
- **ALL NECESSARY GOVERNMENTAL PERMITS REQUIRED ARE A CONDITION OF APPROVAL**
- **ALL APPROVALS ARE SUBJECT TO INSTALLATION CONFORMING TO ASSOCIATION DOCUMENTS**

PLEASE DESCRIBE, IN DETAIL, THE ADDITION, CHANGE OR INSTALLATION TO BE REVIEWED BY THE BOARD OF DIRECTORS. ATTACH ADDITIONAL PAPERWORK IF NECESSARY. PLEASE ALLOW THE ARC COMMITTEE 30 DAYS TO PROVIDE A RESPONSE TO YOUR REQUEST.

OWNER SIGNATURE

FOR USE BY BOARD OF DIRECTORS

DATE RECEIVED _____ DATE TO ARB _____ DATE TO HOMEOWNER _____

THE ARB'S DECISION ON THE PLANS SUBMITTED IS AS FOLLOWS, SUPPORTING DOCUMENTATION MAY BE ATTACHED TO THIS FORM:

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

[] PLANS INCOMPLETE, INFORMATION REQUESTED _____

[] APPROVED WITH THE FOLLOWING CONDITION _____

[] REJECTED. REASON _____

PLEASE RESUBMIT PLANS TO THE BOD WITH FOURTEEN (14) DAYS OF RECEIPT OF THIS NOTICE.
WORK MAY NOT COMMENCE UNTIL THE BOD HAS RENDERED A WRITTEN APPROVAL.

BY: _____ DATE: _____

BY: _____ DATE: _____

BY: _____ DATE: _____