

**BAY VISTA HOMEOWNERS ASSOCIATION INC.
ARCHITECTURAL REVIEW APPLICATION**

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

MAIL TO: BAY VISTA HOMEOWNERS ASSOCIATION INC.
C/O COMMUNITY MANAGEMENT PROFESSIONALS
5401 SOUTH KIRKMAN ROAD • SUITE 450 • ORLANDO, FLORIDA 32819
PHONE: 407-903-9969 FAX: 407-903-9234

PROPERTY OWNER: _____ DATE: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT) _____

PHONE: _____ FAX: _____ EMAIL: _____

- PLEASE ATTACH A PROPERTY SURVEY COPY LOCATING EXTERIOR CONSTRUCTION PROJECTS
- 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

DESCRIBE THE ADDITION, CHANGE OR INSTALLATION TO BE REVIEWED BY THE ARCHITECTURAL REVIEW BOARD:

SWIMMING POOL LANDSCAPING FENCE _____
 SCREENING *PLEASE INCLUDE DETAIL AND PHOTO*

EXTERIOR COLORS BASE _____ TRIM _____ GARAGE/DOORS _____
ATTACH SAMPLE COLORS AND PAINT SAMPLES ON SIDE OF HOME FOR REVIEW

OTHER/DESCRIBE _____

PLEASE DESCRIBE _____

OWNER SIGNATURE

FOR USE BY ARCHITECTURAL CONTROL COMMITTEE

DATE RECEIVED _____ DATE TO ACC _____ 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 ARB WITH FOURTEEN (14) DAYS OF RECEIPT OF THIS NOTICE.
WORK MAY NOT COMMENCE UNTIL THE ARB HAS RENDERED A WRITTEN APPROVAL.*

BY: _____ DATE: _____

DATE: _____

BAY VISTA HOMEOWNERS ASSOCIATION INC.
ARCHITECTURAL CONTROL COMMITTEE