

Architectural Review Board Form

Instruction for Architectural Review

1. The Architectural Review Board (ARB) request form must be completed and approved before any work commences on the property.
2. The form must be completed in its entirety by the owner of the property. In its entirety means the following information must be included when applicable: description of change, dimensions, materials to be used, color, height, etc.
3. When applicable, a copy of the plat map for the property indicating the location of the change is also necessary.
4. The Architectural Review Board Request must then be mailed or faxed to the Management Company:

ALL ABOUT MANAGEMENT, Inc.
206 Elm Avenue
Sanford, Florida 32772
Phone: (407) 688-7405 Fax: (407) 688-7408

5. The Management Company will review the request and insure that the request has been filled out properly.
6. The Management Company will then forward the request to the ARB.
7. Once the ARB receives the request they will contact the owner if necessary to set up an appointment to review the proposal.
8. The ARB will then make a decision based on the Homeowners' Association Covenants and Restrictions which govern the association.
9. Once approved or denied, the ARB will forward the request to the Management Company. The Management Company will then notify the owner through written correspondence of the ARB's decision.
10. The entire approval procedure may take between three to four weeks to complete, therefore please plan accordingly.

Request for Architectural Review Board Approval

The request form is to be completed by the homeowner and submitted to the Architectural Review Board (ARB) for approval before any work commences. If you have any questions concerning this application, please refer to your declaration of Covenants and Restrictions or contact All About Management, Inc. at (407) 688-7405 or fax to 407-688-7408

NOTE: All request must conform to the local zoning and building regulations and you must obtain all necessary permits if your request is approved by the ARB. This request is valid for 90 days from point of acceptance.

TO BE COMPLETED BY OWNER		
NAME:		
ADDRESS:		
PHONE:		
Community Name:		
Describe the change (i.e. porch, enclosure, etc.)		
Location: (Attach a copy of plan showing location of addition)		
Specifications: (Attach copy of plans and describe the following)		
Dimensions:		
Materials:		
Color:		
Liability: I take full responsibility and am personally liable for any damage that might occur to the property and community during the completion of this project.		
Signature:		Date:
TO BE COMPLETED BY ARCHITECTURAL REVIEW BOARD		
Reviewed By:	Date:	Denied:
Comments:	Approved	Date