

ARCHITECTURAL REVIEW COMMITTEE APPLICATION

This request form is to be completed by the homeowner and submitted to the ARC for approval BEFORE any work commences. Please refer to your Declaration of Covenants, Conditions and Restrictions for a description of the ARC and its purpose.

If you would like notification sent to alternate address please list below:

THIS SECTION TO BE COMPLETED BY HOMEOWNER

ASSOCIATION NAME: Mission Estates Homeowners Association, Inc. Date: _____

Name: _____

Property Address: _____

Phone (Home): _____ (Alternate): _____

Email Address(s): _____

DESCRIBE THE CHANGE/ADDITION/INSTALLATION:

(i.e. Screen enclosure, Landscape change, Driveway, Change, Gutters, Storm Shutters, etc.)

LOCATION:

(Attach a copy of a survey map, site plan with a suitable diagram showing where the modification is located)

SPECIFICATIONS:

(Attach copies of plans, estimates or pictures, paint color sample(s))

Dimensions: _____

Material (s): _____

Color(s): _____

All requests must conform to all local zoning and building regulations and you must obtain all necessary permits if the ARC approves your request.

SECTION TO BE COMPLETED BY ARCHITECTURAL REVIEW COMMITTEE

REQUEST: Date Approved: _____ Date Denied: _____

BOARD MEMBER'S SIGNATURE: _____

COMMENTS: _____

Please Return Completed Form Along with Plans, Plot Site Plan, Samples, Pictures, etc. To:

Mission Estates Homeowners Association, Inc.

c/o Progressive Community Management

3701 S. Osprey Ave.

Sarasota, FL 34239

kueding@pcmflla.com