

ARROWHEAD ESTATES HOMEOWNERS' ASSOCIATION, INC.
Request for Architectural Change

This request is to be completed by the homeowner and submitted for approval prior to any work commencing. *Any samples attached will NOT be returned. Email (arb@vista-cam.com) as a PDF attachment, fax to 407-682-0181 or mail or fax the completed form to:

Arrowhead Estates Homeowners' Association, Inc.
C/o Vista Community Association Management
PO Box 162147
Altamonte Springs, FL 32716-2147

If you have any questions concerning this application, please refer to your Declarations of Covenants and Restrictions, or contact Vista Community Association Management by phone at 407-683-3443, ext 1221, or email JBoagwell@vista-cam.com.

NOTE: All requests 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 **six (6) months from point of acceptance: all work must be completed in its **entirety 90 days** after commencement of work. The Architectural Review Board has **30 days** from receipt of application to respond to this request.*

TO BE COMPLETED BY HOMEOWNER	
Name:	
Property Address:	Lot
Number:	
Phone:	Email:
Describe the change (i.e. porch, enclosure, etc.):	
Location (Attach a copy of lot survey or plan showing location of addition):	
Specifications (Attach a copy of plans and describe the following):	
Dimension:	
Materials:	
Color (Attach color samples):	
Liability: I take full responsibility and am personally liable for any damage that may occur to Arrowhead Homeowner's Association property during the completion of this project.	
Signature:	Date:
TO BE COMPLETED BY ARCHITECTURAL REVIEW BOARD	
Date Received:	Date Forwarded to ARB:
Architectural Review Board Decision:	<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied
ARB Members' Signatures	Date
1.	
2.	
3.	
4.	
Comments:	
Date Decision Communicated to Owner:	