# DEBARY WOODS HOA REQUEST FOR ARCHITECTURAL CHANGE

This request form is to be completed by the homeowner and submitted for approval **prior to any work commencing.**

**Any samples attached will NOT be returned.** Mail or Email the completed form to:

# PMI CENTRAL FLORIDA

#  125 E. INDIANA AVE, STE C DELAND, FL 32724 EMAIL: JULIE@PMICF.COM

If you have any questions concerning this application, please refer to your Declarations of Covenants and Restrictions, or contact PMI Central Florida via phone at (386) 738-2010 or via e-mail at dave@pmicf.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 90 days from point of acceptance, all work must be completed in its entirety 90 days after commencement of work.***

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| **TO BE COMPLETED BY HOMEOWNER**  |
| **Name:**  |
| **Address:** **Lot No:**  |
| **Phone: EMAIL:**  |
| **Describe the change** (i.e. porch, enclosure, etc.)**:**  |
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|   |
| **Location -** Attach a copy of lot survey or plan showing location of addition**.**  |
| **Specifications -** Attach a copy of plans, and describe the following**:** **Dimensions:**  |
| **Materials:**  |
| **Color:** (Attach color samples)  |
| **Liability:** *I take full responsibility and am personally liable for any damage that may occur to any 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:**  Request Approved -  Request Pending -  Request Denied  |
|  **ARB Members’ Signatures** **Date** 1.  |
| 2.  |
| 3.  |
| **Comments:**  |
|   |
| **Date Decision Communicated to Owner:**  |