

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

EMAIL OR MAIL TO: **Dunson Hills HOA, Inc. C/OArtemis Lifestyle Services**

**1631 E. Vine Street, Suite 300
Kissimmee, FL 34744**

PHONE: (407) 705-2190

EMAIL: arb@artemislifestyles.com

COMMUNITY ASSOCIATION NAME: DUNSON HILLS HOMEOWNER'S ASSOCIATION, INC.

PROPERTY OWNER: _____ DATE: _____

PROPERTY ADDRESS: _____ ZIP: _____

MAILING ADDRESS (IF DIFFERENT): _____

PHONE : _____ FAX: _____

Email:

- **ATIACH A PROPERTY SURVEY COPY LOCATING EXTERIOR CONSTRUCTION PROJECTS**
- **ATIACH PAINT/COLOR SAMPLES, PLANS, PHOTOS AS NEEDED TO DESCRIBE MODIFICATION**
- **ALL NECESSARY PERMITS REQUIRED FOR THIS PROJECT MUST BE OBTAINED**

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

- SWIMMING POOL LANDSCAPING FENCE (design, height, Col o r) ROOF SHINGLES -COLOR
 SCREENING
 EXTERIOR COLORS: BASE TRIM GARAGE DOORS
 Attach paint samples
 OTHER _____

PLEASE DESCRIBE:

FOR USE BY ARCHITECTURAL REVIEW COMMITTEE

DATE RECEIVED: _____ DATE TO ARC: _____ DATE TO HOMEOWNER: _____ THE

ARC's DECISION ON THE PLANS SUBMITTED IS BELOW; SUPPORTING DOCUMENTATION MAY BE ADACHED TO THIS FORM:

APPROVED; MUST CONFORM TO COVENANTS AND RESTRICTIONS

APPROVED WITH THE FOLLOWING CONDITION (S)

PLANS INCOMPLETE; PLEASE PROVIDE THE FOLLOWING

- PLEASE RESUBMIT PLANS TO THE ARC WITHIN FOURTEEN (14) DAYS OF RECEIPT OF THIS NOTICE.
- WORK CANNOT BE PERFORMED UNTIL THE ARC HAS RENDERED A WRITEN UNCONDITIONAL APPROVAL THANK YOU FOR YOUR COOPERATION.

COMMENTS:

By: _____ Date: _____

ARCHITECTURAL REVIEW COMMITTEE

THIS APPLICATION WHEN APPROVED IS GOOD FOR NINETY (90) DAYS FROM DATE APPROVED. WORK MUST BEGIN WITHIN THAT TIME OR YOU WILL HAVE TO RESUBMIT AN APPLICATION AGAIN