



FALCON TRACE PROPERTY OWNERS ASSOCIATION, INC.

Architectural Review Application

PLEASE COMPLETE AND RETURN THIS FORM FOR APPROVAL **PRIOR** TO COMMENCEMENT OF ANY WORK
IF ANY WORK IS PERFORMED PRIOR TO WRITTEN AUTHORIZATION FROM FALCON TRACE PROPERTY OWNER'S ASSOCIATION ARCHITECTURAL REVIEW BOARD, HOMEOWNER MAY BE REQUIRED TO RETURN PROPERTY TO ITS ORIGINAL CONDITION AND/OR LEGAL ACTION MAY BE TAKEN

Mail to: Falcon Trace Property Owners Association, Inc.

c/o 5th Fl @ Zephyr GYJ 1631 E. Vine Street, Suite 300, Kissimmee, FL 34744

PLEASE KNOW THAT ALL COMMUNICATION MUST BE WITH PROPERTY OWNER AND NOT THE CONTRACTOR

Property Owner: _____ Date: _____

Property Address: _____

Mailing Address (if different): _____

Phone: _____ Email: _____

- ✓ Attach property survey locating all exterior projects
- ✓ Attach plans, photos to describe modification (samples can not be returned)
- ✓ Attach paint color samples, along with brand, color name and number (samples can not be returned)
- ✓ All necessary governmental permits required are a condition of approval
- ✓ All approvals are subject to installation conforming to association documents
- ✓ **Applications without plans, photos, survey or paint samples can not be processed**
Please use one (1) application per request

PLEASE CHECK WWW.FALCONTRACE.ORG FOR COMMUNITY GUIDELINES

Describe the addition, change or installation to be reviewed by the Architectural Review Board:

Swimming Pool Screened Enclosure Landscaping Other

Exterior Painting: Base _____ Trim _____ Garage _____ Front Door _____

Please check one: One story home: _____ Two story home: _____

Note: Base color must be FLAT paint only. If garage doors have windows, framing must be same color as door.

Fence: Front/Sides: 6' White Vinyl (Tongue & Groove Privacy)
Rear: If Waterfront: 4' picket white vinyl

Please describe _____

Homeowner's Signature: _____

FOR USE BY ARCHITECTURAL REVIEW BOARD

The ARB's decision on the plans submitted is as follows:

Approved (Valid for 6 months) MUST CONFORM TO ASSOCIATION COVENANTS & RESTRICTIONS

Approved (Valid for 6 months) WITH THE FOLLOWING CONDITION _____

Plans Incomplete, Information Requested _____

Denied. Reason _____

Please resubmit plans to the ARB within fourteen (14) days of receipt of this notice.

By: _____

Date: _____

Falcon Trace Property Owners Association, Inc.
Architectural Review Board