

ARCHITECTURAL REVIEW APPLICATION

MAIL APPLICATION TO Artemis Lifestyle Services | 1631 E Vine St., Suite 300 Kissimmee, FL 34744

PHONE 407 705 2190 EMAIL: arb@artemislifestyles.com

TO BE COMPLETED BY HOMEOWNER

APPLICATION TYPE: FENCE POOL/SPA PATIO SCREENED ENCLOSURE EXTERIOR PAINTING
 LANDSCAPING LAWN REPLACEMENT SATELLITE OTHER _____

DESCRIPTION OF ARCHITECTURAL CHANGE:

NAME:

PROPERTY ADDRESS:

LOT NO:

MAILING ADDRESS:

PHONE:

EMAIL:

PLEASE INCLUDE THE FOLLOWING WITH THIS APPLICATION:

1. ATTACH A COPY OF THE PROPERTY SURVEY THAT SHOWS THE LOCATIONS OF THE PROPOSED CHANGE, ALTERATION, RENOVATION OR ADDITION.
2. ATTACH DRAWINGS OF YOUR PLAN(S) AND ANY CONTRACTOR'S PROPOSAL.
3. ATTACH COLOR PHOTOS OF PROJECT AND ALL COLOR SAMPLES AND DESCRIPTIONS.
4. ATTACH ACCESS LETTER SIGNED BY YOUR NEIGHBOR SHOULD IT BE NECESSARY TO CROSS THEIR PROPERTY DURING CONSTRUCTION.
5. ATTACH RESTORATION LETTER, SIGNED BY THE HOMEOWNER, ACKNOWLEDGING (OR ASSIGNING) RESPONSIBILITY FOR DAMAGE TO ANY COMMON AREA SHOULD ANY OCCUR DURING CONSTRUCTION.

NOTE: APPLICATIONS SUBMITTED WITHOUT A COPY OF THE SURVEY, DRAWING, COLOR SAMPLE OR PHOTO WILL BE CONSIDERED INCOMPLETE. ANY INCOMPLETE APPLICATION WILL BE RETURNED TO YOU AND SHALL BE CONSIDERED AUTOMATICALLY DENIED.

I HEREBY UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS:

1. NO WORK WILL BEGIN UNTIL WRITTEN APPROVAL IS RECEIVED FROM THE ASSOCIATION. YOU HAVE 60 – 90 DAYS FROM THE APPROVAL DATE TO COMPLETE THE WORK. IF NOT, THEN YOU MUST REAPPLY FOR APPROVAL.
2. ALL WORK WILL BE DONE EXPEDITIOUSLY ONCE COMMENCED AND WILL BE COMPLETED IN A PROFESSIONAL MANNER BY A LICENSED CONTRACTOR OR MYSELF.
3. ALL WORK WILL BE PERFORMED TIMELY AND IN A MANNER THAT WILL MINIMIZE INTERFERENCE AND INCONVENIENCE TO OTHER RESIDENTS.
4. I ASSUME ALL LIABILITY AND WILL BE RESPONSIBLE FOR ANY AND ALL DAMAGES TO OTHER LOTS AND/OR COMMON AREA, WHICH MAY RESULT FROM PERFORMANCE OF THIS WORK.
5. I WILL BE RESPONSIBLE FOR THE CONDUCT OF ALL PERSONS, AGENTS, CONTRACTORS, SUBCONTRACTORS, AND EMPLOYEES WHO PROVIDE SERVICES IN CONNECTION WITH THIS WORK.
6. I AM RESPONSIBLE FOR COMPLYING WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS, CODES, REGULATIONS AND REQUIREMENTS IN CONNECTION WITH THIS WORK. I WILL OBTAIN ANY NECESSARY GOVERNMENTAL PERMITS AND APPROVAL REQUIRED FOR THE WORK.
7. UPON RECEIPT OF THIS FORM, MANAGEMENT WILL FORWARD THE APPLICATION TO THE ASSOCIATION. A DECISION BY THE ASSOCIATION MAY TAKE UP TO 30 OR MORE DAYS, DEPENDING ON THE ASSOCIATION DOCUMENTS. I WILL BE NOTIFIED IN WRITING WHEN THE APPLICATION IS APPROVED, DENIED OR PENDING.

ALL HOMEOWNERS ARE RESPONSIBLE FOR FOLLOWING THE RULES AND GUIDELINES OF THEIR ASSOCIATION WHEN MAKING ANY EXTERIOR MODIFICATIONS.

HOMEOWNER SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY ARCHITECTURAL REVIEW BOARD

ARCHITECTURAL REVIEW BOARD DECISION: REQUEST APPROVED REQUEST PENDING REQUEST DENIED

ARB SIGNATURE

DATE

1.

COMMENTS:

Restoration Letter for Residential Improvements in North Pointe Subdivision

Addendum to Alteration Application

Owners Name: _____

Email Address: _____

Property Address: _____

Name of Responsible Party
(Owner/Contractor): _____

To: North Pointe Homeowners Association, Inc.
Architectural Control Committee (ACC)
c/o Artemis Lifestyle Services
1631 E. Vine St., Suite 300
Kissimmee, FL 34744
Email: arb@artemislifestyles.com

Re: Addition, Change or Modification to Residence in
North Pointe Subdivision

Since the addition, change or modification proposed for the residence listed above may require transporting concrete or other heavy material to the yard of the residence by truck, bobcat, forklift or any other equipment, if, during construction, any damage occurs to the street, sidewalk, curbs and/or common area (sod, irrigation, signage, landscaping), the above named Responsible Party will be responsible for repair or replacement.

Signature of Responsible Party: _____

Date: _____

