**Architectural Control Application Request**

This request form is to be completed by the homeowner and submitted to the Architectural Control Committee (ACC) for approval **BEFORE** any work commences. The ACC will review your request at their next scheduled meeting. Homeowners are asked to refer to the Declaration of Covenants and Restrictions for additional information.

Once the form has been completed, send the form and supporting documents by mail to The Park at Wolf Branch Oaks HOA, INC., PO Box 981, Sorrento, FL 32776-0981 or via email to SKoontzHOA@gmail.com.

**HOMEOWNERS INFORMATION:**

|  |  |
| --- | --- |
| **OWNER’S NAME:** Click or tap here to enter text. | **DATE OF REQUEST:** Click or tap to enter a date. |
| **ADDRESS:** Click or tap here to enter text. | **EMAIL:** Click or tap here to enter text. |
| **LOT #** Click or tap here to enter text. | **PHONE:** Click or tap here to enter text. |

**DESCRIBE THE CHANGES(S) OR ADDITION(S) BEING REQUESTED ALONG with SPECIFICATIONS:** (i.e. Fence Installation, Repaint of Exterior, Major Landscaping Changes, Screen Enclosures, Pool, Re-Roofing, etc.)
Click or tap here to enter text.

|  |  |
| --- | --- |
| **LOCATION:** (if needed, attached drawing or survey) | **DIMENSIONS:** |
| Click or tap here to enter text. | Click or tap here to enter text. **x** Click or tap here to enter text. |

**MATERIALS** (including roofing material, style, and color)**:** Click or tap here to enter text.

**COLORS(S):** (if other than Sherwin Williams, color samples must be submitted with Application Request)

SHERWIN WILLIAMS: Yes [ ]  No [ ]  Other: Click or tap here to enter text.

|  |  |  |
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| **Body # and Color Name** | **Trim # and Color Name** | **Accent # and Color Name** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**NOTE:** *When your request is approved by the Architectural Control Committee; you will be responsible for all Local Zoning and Building Regulations and Permits. Also, residents are responsible for any damage to common grounds, easements, access areas, surrounding residential properties. It will be the requesting Homeowners responsibility to restore all areas back to the condition prior to the project completion.

Tree Removals – Tree removal requests require approval from Lake County Department of Growth Management. Please ensure you submit approval documents from Lake Country with any tree removal requests. Requests without this will be denied until the appropriate documents have been submitted.*

**Architectural Control Application Request**

**THIS SECTION TO BE COMPLETED BY THE ARCHITECTURAL CONTROL COMMITTEE:**

Date Request Received: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed by Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested: Approved [ ]  Denied [ ]

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Committee Members Signoff:**

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