

TUSKAWILLA SPRINGS ARB APPLICATION

To be completed by the homeowner **prior to any work commencing**, and submitted to the ARB for approval. Please follow the requirements stated in the Covenants, Conditions and Restrictions. Please email to arb@tuskawillaspringshoa.com or mail to: PO BOX PO Box 195873 Winter Springs, FL 32708

DATE _____

PROPERTY OWNER NAME

PROPERTY ADDRESS

DAYTIME PHONE

EMAIL ADDRESS

BRIEF DESCRIPTION OF IMPROVEMENT

SPECIFICATIONS OF IMPROVEMENT

If your request requires more space than is provided above, on a separate page please specify the details of the improvement. If paint, include paint chips showing the colors to be used. If replacing or adding a fence, include color, style, height and materials. Structural additions, pools or any unique requests need to have detailed supporting documentation.

SITE PLAN

Use a copy of a lot survey or drawing that shows lot property lines, location of existing house and highlight where the improvement will be placed. **BE SURE TO FOLLOW SETBACK REQUIREMENTS.**

I hereby submit to the ARB for consideration. I agree to obtain all necessary building permits and to conform to all local Zoning Building Regulations. I understand the ARB will process this application as quickly as possible but has up to 30 days from the receipt of the application. I understand that upon approval, I will have sixty (60) days to complete this improvement unless otherwise noted.

DATE _____ SIGNATURE _____

(Signature of Property Owner)

FOR USE BY ARB COMMITTEE

DATE RECEIVED _____ DATE APPROVED _____ DATE DENIED _____

ARB COMMENTS _____