PALMER LAKES MASTER HOMEOWNERS ASSOCIATION, INC. REQUEST FOR ARCHITECTURAL APPROVAL

This is a request form to be completed by the homeowner and submitted to the Architectural Review Committee (ARC) for approval **BEFORE** any work commences. Please complete in its entirety, include all required items and mail to: Palmer Lakes Master Homeowners Association, Inc. c/o Sunstate Association Management, Inc PO Box 18809, Sarasota, FL 34276.

| THIS SECTION TO B | E COMPLETED BY THE HOMEOWN | ER |
|---|------------------------------------|---|
| DATE: | | |
| NAME: | | |
| LOT #: | | |
| ADDRESS: | | |
| PHONE: (HOME) | (WORK) | |
| DESCRIBE THE CHANGE/ADDIT | ION/INSTALLATION: | |
| (i.e. Window covering, floor cov | ering, fencing, landscaping, etc.) | |
| | | |
| LOCATION: (ATTACH A COPY OI INSTALLATION – MUST BE PROV | · | NG THE LOCATION OF THE ADDITION OR |
| SPECIFICATIONS: (ATTACH A CO PICTURE - MUST BE PROVIDED) | DPY OF THE PLANS OR SUITABLE DI | RAWING OR |
| DIMENSIONS: | | |
| MATERIALS: | | |
| COLOR: (sample or color chip, if | applicable – must be provided): _ | |
| ESTIMATED TIME OF COMPLET | ION: | |
| NOTE: ALL REQUESTS MUST CONFORM OBTAINING THE NECESSARY PERMITS I | | GULATIONS AND OWNERS ARE RESPONSIBLE FOR |
| •••••• | •••••••• | •••••••••• |
| (including any applicable governmental requiremental | baby" barriers) so as to mee | ne screened or otherwise enclosed tall applicable local and state , and all such screening and barriers may all by the ARC. |
| REQUEST: DATE APPROVED | DATE DENIED | |
| AUTHORIZED SIGNATURE: | | |