FULLER'S CROSSING HOMEOWNERS ASSOCIATION, INC. ARCHITECTURAL REVIEW APPLICATION

This form is to be completed by the homeowner and submitted to the Architectural Review Board for approval **PRIOR** to commencement of any work. Mail completed application to:

SUTHERLAND MANAGEMENT, INC.

Approved:

107 N. LINE DRIVE FAX: 407-774-8375
APOPKA, FL 32703
PLEASE ALLOW THIRTY (30) DAYS LIPON RECEIPT FOR A DECISION FROM THE ARB

	ibly and provide all infor	mation required.	JW THE ARD.	
Owner(s) Nam	ne:		Date:	
Property Addr	ess:		Lot#:	
Mailing Addre	ess:			
City/State/Zip:	: <u>.</u>			
Agent (if appli	cable):			
Phone #'s:	Home:	Work:	Fax:	
DESCRIBE AI	DDITION, CHANGE OR	INSTALLATION: (i.e. fence, screened en	closure, pool, exterior paint, landscaping.)	
			TION OR INSTALLATION WILL BE LOCATED.	
	ONS: (attach copies of plants)	ans, estimates or pictures)		
Dimensions:			Colors:	
Materials:				
Fence style:	(POSTS M	IUST FACE INWARD – NOT PERMITTE	ED ON WATERFRONT)	
Other informati	ion:			
permits if your materials or info	request is approved. If	your request is denied by the ARB, you with this form at the time of submission, the	d Building Regulations. You are required to obtain the required may appeal to the Board of Directors for review. If all required time period does not apply for approval/disapproval.	
Mgmt rec'd:		Forwarded to:		
ARB Commen	ts:			
Approved:		Denied:	Date:	
Approved:		Denied:	Date:	

Denied: