

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.

107 N. LINE DRIVE
APOPKA, FL 32703

FAX: 407-774-8375
PHONE: 407-774-7262

PLEASE ALLOW THIRTY (30) DAYS UPON RECEIPT FOR A DECISION FROM THE ARB. Approved ARBs are good for 1 year and only for the submitting owner(new owners must re-submit). Please print legibly and provide all information required.

Owner(s) Name: _____ **Date:** _____

Property Address: _____ **Lot#:** _____

Mailing Address: _____

City/State/Zip: _____

Agent (if applicable): _____

Contact Info **Home:** _____ **Work:** _____ **Email:** _____

DESCRIBE ADDITION, CHANGE OR INSTALLATION: (e.g. fence, screened enclosure, pool, exterior paint, landscaping.)

ATTACH A COPY OF THE PROPERTY SURVEY OUTLINING WHERE ADDITION OR INSTALLATION WILL BE LOCATED.

SPECIFICATIONS: (attach copies of plans, estimates or pictures) _____

Dimensions: _____ Colors: _____

Materials: _____

Fence style: _____

Other information: (POSTS MUST FACE INWARD – NOT PERMITTED ON WATERFRONT)

NOTE: Requests and alterations must conform to all Orange County Zoning and Building Regulations. You are required to obtain the required permits if your request is approved. If your request is denied by the ARB, you may appeal to the Board of Directors for review. If all required materials or information is not included with this form at the time of submission, the time period does not apply for approval/disapproval.

FOR USE BY THE ARCHITECTURAL REVIEW BOARD

Mgmt rec'd: _____ **Forwarded to:** _____

ARB Comments: _____

Approved: _____ **Denied:** _____ **Date:** _____

Approved: _____ **Denied:** _____ **Date:** _____

Approved: _____ **Denied:** _____ **Date:** _____