

**Celery Lakes Homeowners Association, Inc.
Architectural Review Completion Form**

Date: _____ Lot # _____ Phase # _____

Property Owner: _____

Property Address: _____

Mailing Address (if different): _____

Telephone: _____ Fax: _____

Date Started: _____ Date Completed: _____

Architectural Review Completion For:

_____ Swimming Pool _____ Exterior Paint Colors _____ Porch
_____ Landscaping _____ Fencing _____ Deck
_____ Other: _____

Attachments From Property Owner

Required Attachments:

_____ A picture showing the improvements.

NOTE: The ARB and/or the Board of Directors have the right to review the final project to make sure it conforms to the plans that were originally approved. It is the sole responsibility of the Homeowner to do what is necessary to make it comply.

FOR USE BY THE ARCHITECTURAL REVIEW BOARD

Request received: _____ Forwarded to ARB: _____ To owner: _____

The ARB's decision on the plans submitted is as follows:

_____ Conforms to submitted specifications

_____ Does not conform to submitted specifications – Reason: _____

By: _____ Date: _____

Architectural Review Board

Fax or e-mail form to: (321) 249-1728 or faxes@celerylakeshoa.com

You may also submit to:

Celery Lakes HOA
225 Fairfield Dr
Sanford, FL 32771
Phone: (321) 249-1728

For more information, please call the Association or visit <http://www.celerylakeshoa.com>