

**Celery Lakes Homeowners Association, Inc.
Architectural Review Board**

Date: _____ Lot # _____ Phase # _____

Property Owner: _____

Property Address: _____

Mailing Address (if different): _____

Telephone: _____ Fax: _____

Estimated time to complete, once approval is received: _____

Architectural Review Application For:

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

Attachments From Property Owner

Required Attachments:

- _____ Written request describing addition, change or installation
- _____ Property survey showing where addition, change or installation is to be located.
- _____ Specifications (2 copies of plans indicating dimensions, materials made of, color, etc.)
The plans must be prepared by an engineer or architect. One copy will be returned.
- _____ Before Pictures of the area to be improved. A picture must also be sent in upon completion, showing the improvements. Use ARB Completion form.

Other Attachments: _____ Paint Chips _____ Brochure _____ Other

NOTE: Please be advised that work **CANNOT** be started until the ARB has provided a written approval of the application. Possession of a building permit does not constitute the right to commence work. Failure to comply will result in a \$100 fine.

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:

_____ **APPROVED** with the following comments:

1. **Must conform to all local zoning and building regulations and you must obtain any permits that are required.**

2. _____

_____ **DENIED – Reason:** _____

_____ **INFORMATION INCOMPLETE** – Please resubmit with the following information:

Must be approved by a majority of the ARB board:

By: _____ **Date:** _____
Architectural Review Board

By: _____ **Date:** _____
Architectural Review Board

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>