

Lakes of Carrington Homeowners Association, Inc

Application for Architectural Review Committee

Mail Request To:

Attention: Architectural Review Committee
Lakes of Carrington HOA
P.O. Box 480
Cantonment, FL 32533

NOTE: APPLICATION MAY BE REJECTED IF ALL ENTRIES ON THIS FORM ARE NOT CLEARLY LEGIBLE

Address \_\_\_\_\_ Application Date \_\_\_\_\_
Owner(s) Name(s) \_\_\_\_\_ Telephone \_\_\_\_\_
Mailing Address (if different) \_\_\_\_\_
Email (optional) \_\_\_\_\_

Improvements (check all that apply)

\_\_\_\_ Fence \_\_\_\_ Shed \_\_\_\_ Pool \_\_\_\_ Screened pool enclosure \_\_\_\_ Satellite dish \_\_\_\_ Screened room
\_\_\_\_ Driveway change \_\_\_\_ Gutters \_\_\_\_ Landscaping design \_\_\_\_ Sprinkler system \_\_\_\_ Roof
Other (explain) \_\_\_\_\_

If required, have you applied for the proper permits from all government agencies? YES / NO (circle one)

Estimated Start Date \_\_\_\_\_ Estimated Completion Date \_\_\_\_\_

Describe, in detail, the improvements. Include color(s), size(s), specifications, materials, location on lot, and any other pertinent information (refer to your CCR's) required by the committee to make a decision. Attach a copy of the lot survey (included in your closing documents); elevation plan and site-clearing plan (if applicable). Sketch on the lot survey the proposed alteration, as it will appear when completed, or attach additional sheets and picture if available. APPLICATIONS CANNOT BE SUBMITTED TO THE ARC WITHOUT ALL ABOVE REQUIRED INFORMATION.

Please refer to your covenants and restrictions for guidelines on what is and is not permitted in Lakes of Carrington Homeowners' Association, Inc. You will be notified in writing of the decision of the committee. By approving this request, the association is not assuming any responsibility for the safety, construction, operation, maintenance, accident, injury, or claim that may arise from the change in the property.

I understand that approval does not relieve me of the responsibility for obtaining any and all necessary Building Permits, Variances, and/or observing all local zoning ordinances, setbacks and adhering to any local, state and federal laws. Also, if permits and inspections are required, please provide proof of passed inspections upon completion of project. If approved by the association, I agree to make the changes exactly as stated under the terms, conditions and specifications as described in the approval. All improvements must be on my property or property lines. If any portion of the Association's property is disturbed or damaged by either myself, or my contractor, I agree to be responsible for and to restore the common elements to their original condition.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Architectural Review Committee:

Date Received \_\_\_\_\_ Received By \_\_\_\_\_ Block-Lot # \_\_\_\_\_

Date Processed \_\_\_\_\_ Date Mailed/Post Marked \_\_\_\_\_

\_\_\_\_ Approved \_\_\_\_ Disapproved \_\_\_\_ Conditional Approval-Condition: \_\_\_\_\_

Signatures of Architectural Control Committee: \_\_\_\_\_

ADDRESS #: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER(S):

\_\_\_\_\_  
Name(s)  
\_\_\_\_\_  
Street City State/Zip  
\_\_\_\_\_  
Telephone/Cell Email

CONTRACTOR:

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street City State/Zip  
\_\_\_\_\_  
Telephone/Cell Email  
\_\_\_\_\_  
License#/State

ARCHITECT/  
DESIGNER:

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street City State/Zip  
\_\_\_\_\_  
Telephone/Cell Email  
\_\_\_\_\_  
License#/State

**NOTE:** Lakes of Carrington HOA reserves the right to charge FEES as described in the Declaration of Covenants, Conditions, Restrictions and Easements (CCR's) Article III paragraph 3.2(d) (*reprinted below*). If a FEE is required, the applicant will be notified in writing with an explanation of the FEES required. Payment(s) will be payable to: **Lakes of Carrington HOA.**

*(d) Application Fee; Deposit. The Architectural Review Committee may establish procedures for the review of applications, and impose a reasonable fee to be paid by the applicant. The Architectural Review Committee also may require an applicant to post a security deposit to ensure that all work is affected only in accordance with approved plans. The Architectural Review Committee may retain the security deposit until all work has been completed in accordance with the approved plans.*

Please briefly describe the improvements/alterations that are the subject of this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this an ARC Application for a MODIFICATION of a PREVIOUS ARC Application? YES / NO (circle one)

Will there be a TRAFFIC FLOW problem during the course of project completion? YES / NO (circle one)

If YES, how long is the anticipated TRAFFIC FLOW restriction? \_\_\_\_\_

The following items are attached in support of this Architectural Review Committee Application.  
(check any/all that apply)

- Construction Plans and Specifications
- Elevations of all proposed improvements
- Lot survey showing current improvements
- Permit(s) from governing agencies
- Previous ARC application(s)

Please briefly describe any variances requested as part of this application:

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The preceding application is submitted for review by the Architectural Review Board. Required design documents are attached.

**NOTE:** Please make clear reference on all attached pages that they are part of this ARC application.

SUBMITTED BY (print clearly): \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

Owner/Agent Signature: \_\_\_\_\_

Please send the above completed Architectural Review Application Form to:

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Cantonment, FL 32533