

# LAKES OF CARRINGTON

Homeowners Association, Inc.

## Application for Architectural Review Committee

Homeowner | Property & project details

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

☐ N/A

Estimated Start Date \*

Estimated Completion Date \*

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

Will there be a TRAFFIC FLOW problem during the course of project completion?

☐ YES

☐ NO

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

☐ Permit(s) from governing agencies

☐ Elevations of all proposed improvements

☐ Previous ARC application(s)

☐ Lot survey showing current improvements

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

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Homeowner | Acknowledgments, signatures & application instructions

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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 part of the Association's property is disturbed or damaged by myself, my contractor, I agree to be responsible for and to restore the common elements to the original condition.*

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)

Owner/Agent Signature

Date

If submitting electronically, type full name.

Return the completed application by email to [lochoaboard@lochoa.net](mailto:lochoaboard@lochoa.net), or mail to:

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

**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.**

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. All payment(s) will be payable to: Lakes of Carrington HOA.

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

\* Required. Select at least one improvement or explain Other. Mailing address is needed only if different; email is optional. Select N/A if permits are not required.

Complete the required fields before returning this form. PDF viewers may allow incomplete copies to be saved or emailed. Use the validation button on page 3 in Adobe Acrobat or Reader.

# LAKES OF CARRINGTON

Homeowners Association, Inc.

## Application for Architectural Review Committee

Homeowner | Contact information

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

Use Adobe Acrobat / Reader with JavaScript enabled to check and email.

**CHECK & EMAIL**

Return to: [lochoaboard@lochoa.net](mailto:lochoaboard@lochoa.net)

# LAKES OF CARRINGTON

Homeowners Association, Inc.

## Application for Architectural Review Committee

ARC committee use only

To be completed by Architectural Review Committee

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Date Received        | Received By          | Block-Lot #          |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                      |                         |
|----------------------|-------------------------|
| Date Processed       | Date Mailed/Post Marked |
| <input type="text"/> | <input type="text"/>    |

☐ Approved      ☐ Disapproved      ☐ Conditional Approval

Conditional Approval - Condition

Signatures of Architectural Control Committee

Committee signature 1

Committee signature 2

Committee signature 3