

# PARK LAKE VILLAS, INC.

## ARCHITECTURAL REVIEW APPLICATION

This is a request form to be completed by the homeowner and submitted to the Architectural Review Board (ARB) via management for approval BEFORE any work commences. Please refer to your Rules & Regulations for details and specifications and contact mgmt with questions.

**NOTE: THE BOARD HAS THIRTY (30) DAYS FOR APPROVAL FROM THE DATE OF RECEIPT OF A COMPLETE APPLICATION. DO NOT SCHEDULE WORK PRIOR TO APPROVAL.**

Return application & all attachments to: Greystone Management, 1001 N Lake Destiny Rd, Suite 125, Maitland FL 32751. 407-645-4945

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**THIS SECTION TO BE COMPLETED BY UNIT OWNER**

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

Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Email) \_\_\_\_\_

Describe the **CHANGE/ADDITION/INSTALLATION:** i.e. flag installation, lighting, change in door, change in windows/sliders, screen porch addition, addition of landscaping, SCREEN DOOR

**LOCATION:** (Attach a copy of your plot plan showing where the change/addition is located relative to the home and the property). **NOTE:** Plot plan/survey can be found at [www.parklakevillas.com](http://www.parklakevillas.com) on the Docs & Aps tab. (Application will be returned if incomplete)

**SPECIFICATIONS:** Attach contract or estimate, copies of plans, proof of current liability, work comp insurance & occupational license from the contractor/vendor providing the product, & any samples, brochures, color photos, color swatches, etc. **APPLICATIONS FAXED CANNOT BE ACCEPTED. DO NOT SIGN CONTRACT UNTIL APPROVED BY ARB.**

**If Windows (√):** Double Pane, Double Hung, White Vinyl, Low-E Glass, Full Screen REQUIRED.

**If Sliding Glass Doors (√):** Double Pane, White Vinyl, Low-E Glass, Screen REQUIRED. PLAIN GLASS ONLY

Dimensions: \_\_\_\_\_

Material(s): \_\_\_\_\_

Color(s): \_\_\_\_\_

Components: \_\_\_\_\_

NOTE: All requests must conform to all local Zoning and Building Regulations and you must obtain all necessary permits if your request is approved by the Architectural Review Board.

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**THIS SECTION TO BE COMPLETED BY THE ARCHITECTURAL REVIEW BOARD**

Date Approved \_\_\_\_\_ Date Denied \_\_\_\_\_ Board Member's Signature: \_\_\_\_\_

\* Comments: INCLUDE WORK COMP & LIABILITY INSURANCES FROM VENDOR NAMING PARK LAKE VILLAS & GREYSTONE AS CERTIFICATE HOLDERS.