



Autumn Woods

AUTUMN WOODS HOMEOWNERS' ASSOCIATION, INC.

Architectural Review Application

Please mail or email to:

Autumn Woods HOA Architectural Committee Chair
PO Box 1712, Palm Harbor, FL 34682 | awhoa2020@gmail.com

Name: _____ Address: _____

Daytime Phone: _____ Evening Phone: _____

**** HOMEOWNERS AFFIDAVIT: I acknowledge receipt of the covenants and restrictions of my association and agree that no work will commence without the prior approval of the Association. I understand I must submit this application a minimum of 30 days prior to work approval, to allow the Association 30 days with which to approve of this Application. ****

Date: _____ Signature: _____

Notice to Applicant: Your request and any attached plans are reviewed for the limited purpose of determining aesthetic compatibility and compliance of the proposed project with the construction criteria of the Association. The submittal is not reviewed for function, safety or compliance with any governmental agency. All projects must conform to local zoning and building codes. If approval is granted, it is the homeowner's responsibility to obtain all necessary permits prior to commencing any work.

REQUEST FOR ARCHITECTURAL REVIEW DOCUMENT CHECKLIST:

- Survey/Plat Plan
- Building Plans
- Specifications
- Photos
- Certificate of Insurance: Date _____
- Occupational License: Date _____
- Certificate of Occupancy: Date _____
- Site Elevations
- Details, Drawings
- Permit
- Other (noted)

PROVIDE A BRIEF DESCRIPTION OF ADDITION, ALTERATION, IMPROVEMENT OR PLAN:

(use other side of form or separate sheet)

*****Please fill out an application for each alteration or project*****

Contractor: _____

Address: _____

Start Date: _____

Completion Date: _____

(For Association Use Only)

- Approved by: ARC Chairperson / Member _____
- Insufficient Information Submitted: _____
- Application Denied: _____