



EVERGREEN
LIFESTYLES MANAGEMENT

Coastal Woods Homeowners' Association, Inc.

APPLICATION FOR ARCHITECTURAL MODIFICATION

Please return completed application to:
ARCHITECTURAL REVIEW COMMITTEE
2100 S. Hiawasse Rd, Orlando, FL 32835

Telephone #1-877-221-6919
ARCAApplication@Evergreen-LM.com

This is a request form to be completed by the homeowner and submitted to the Architectural Review Committee for approval **BEFORE** any work commences. Please refer to the Governing Documents and Design Guidelines for additional information. Reviews may take up to 30 days for processing from the date a completed application is received in our office.

Name of Owner (s):		Email Address:	
Street Address:			
Date:	Lot #	Phase #	Phone number:

Approval is hereby requested for the following modification(s), addition(s) and/or alterations as described below and on attached pages: (Check applicable box and/or describe below):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Additions | <input type="checkbox"/> Hurricane Shutters | <input type="checkbox"/> Screen Enclosure | <input type="checkbox"/> Pool/Spa |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Landscape Curbing | <input type="checkbox"/> Patio/Pavers | <input type="checkbox"/> Exterior Paint |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Wall/Fence | <input type="checkbox"/> Solar | <input type="checkbox"/> Yard Art |
| <input type="checkbox"/> Generator / Gas Tank / Water | <input type="checkbox"/> Misc / Other | | |

IS THIS A RESUBMITTAL Yes/No

Additional Information: _____

- Location: Attach a copy of the plot plan/survey showing where the addition is located relative to the home and the property lines. Plot plan/survey should be included in your closing documents. If not, a copy can be obtained from the county property appraisers office.
- Specs: Attach copies of plans from any contractor or vendor providing service. Including color samples, photos, dimensions, etc.
- You are responsible for obtaining any necessary permits from the appropriate Building and Zoning Department(s).
- Access to area of construction is only allowed through your property, and you are responsible for any damages. If access is needed on neighboring properties, please check with your neighbors before commencing any work.

Owner's Signature	Completion Date: <i>Please contact HOA upon completion for final inspection</i>
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Approved Denied

Date of Approval/Denial: _____ Signed: _____
 Community Manager

Your Approval is subject to the following attached Addendum(s) _____