

SPRING HOLLOW HOMEOWNERS ASSOCIATION
APPLICATION TO THE ARCHITECTURAL CONTROL COMMITTEE

PROPERTY OWNER NAME _____
Lot Number _____ Property Address _____
Primary Phone _____ Alternate Phone _____

Description of Improvement:

SPECIFICATIONS OF IMPROVEMENT: Specs must contain particulars of improvement, i.e. colors, materials, size. If roof is involved, outline of roof line as related to existing structure. If fence, include color, style, height. This includes any new structures. **REVIEW THE COVENANTS AND RESTRICTIONS FOR ALL REQUIREMENTS.** IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH AN ADDITIONAL SHEET OF PAPER. IF AN ORANGE COUNTY PERMIT IS REQUIRED, PLEASE OBTAIN AND ATTACH COPY OF PERMIT(S).

Note: If applying for approval of location for parking of vehicles or tree removal, show site plan with a sketch as to area intended for the request.

ATTACH A COPY OF SITE PLAN: Use a lot survey if available or drawing showing lot property lines, location of existing house, and highlight where improvement will be placed. BE SURE TO FOLLOW SETBACK REQUIREMENTS.

ATTACH AN ELEVATION SKETCH: IF IMPROVEMENT INVOLVES YOUR ROOF, BE SURE TO SHOW HOW ROOF LINES COME TOGETHER.

I hereby submit this request to the Architectural Control Committee for consideration and agree to obtain necessary building permits and adhere to building setbacks as specified.

Date _____ Signature _____

FOR USE BY THE ARCHETECTURAL CONTROL COMMITTEE

Approved	Denied	Date
Approved	Denied	Date
Approved	Denied	Date

Email completed form to: springhollowacc@gmail.com . Alternatively, you can hand the form to any board member. Text 407-257-3181 if you have any questions about how to fill out or submit the form.

Failure to submit this form and obtain approval prior to commencement of the improvement(s) can result in assessments applied to your property.