

AQUA SOLIS HOMEOWNERS ASSOCIATION, INC.
ARCHITECTURAL REVIEW APPLICATION

PLEASE COMPLETE AND RETURN THIS FORM FOR APPROVAL PRIOR TO COMMENCEMENT OF ANY WORK

MAIL TO: AQUA SOLIS HOA
C/O AMERI-TECH PROPERTY MANAGEMENT, INC
24701 US HIGHWAY 19 No. SUITE 102 CLEARWATER, FL 33763
PHONE 727-726-8000 FAX: 727-723-1101
jkidd@ameritechmail.com

PROPERTY OWNER: _____ DATE: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT) _____

PHONE: _____ FAX: _____ EMAIL: _____

- ATTACH PAINT I COLOR SAMPLES, PLANS, PHOTOS AS NEEDED TO DESCRIBE MODIFICATION
- ALL NECESSARY GOVERNMENTAL PERMITS REQUIRED ARE A CONDITION OF APPROVAL
- ALL APPROVALS ARE SUBJECT TO INSTALLATION CONFORMING TO ASSOCIATION DOCUMENTS

PLEASE DESCRIBE, IN DETAIL, THE ADDITION, CHANGE OR INSTALLATION TO BE REVIEWED BY THE BOARD OF DIRECTORS. ATTACH ADDITIONAL PAPERWORK IF NECESSARY.

OWNER SIGNA TURE

FOR USE BY BOARD OF DIRECTORS

DATE RECEIVED _____ DATE To ARB _____ DATE To HOMEOWNER _____

THE ARB'S DECISION ON THE PLANS SUBMITTED IS AS FOLLOWS, SUPPORTING DOCUMENTATION MAY BE ATTACHED TO THIS FORM:

- APPROVED (MUST CONFORM TO ASSOCIATION COVENANTS & RESTRICTIONS)
 PLANS INCOMPLETE, INFORMATION REQUESTED _____
 APPROVED WITH THE FOLLOWING CONDITION _____
 REJECTED. REASON _____

PLEASE RESUBMIT PLANS TO THE BOD WITHIN FOURTEEN (14) DAYS OF RECEIPT OF THIS NOTICE.
WORK MAY NOT COMMENCE UNTIL THE BOD HAS RENDERED A WRITTEN APPROVAL.

BY: _____ DATE: _____

BY: _____ DATE: _____

BY: _____ DATE: _____