

Architecture Review Form

CARROLLWOOD VILLAGE PHASE II HOMEOWNERS ASSOCIATION INC.

4131 Gunn Highway, Tampa, Florida 33624

Tel (813) 961-2203 Fax (813) 963-1326

Date: _____

- The undersigned requests approval for the following change:
___ New structure ___ Addition/Alteration of existing structure ___ Other

■ **Description of Addition/Alteration:**

_____ (continue on back as needed)

Include site plan drawing showing dimensions, setbacks & landscaping. Describe exterior materials & colors.

Applicant hereby agrees to obtain all required building permits from county government. Initial _____

Name (Print) _____ Signature _____

Street Address _____ Village Name _____

Phone Number _____ (Home) _____ (Work) _____ (Cell)

E-mail _____

Mailing Address (if different from above) _____

■ **Required Signatures of Adjacent Homeowners:**

Homeowners on either side, rear, and in front of altered property, as applicable. *Signature only acknowledges notification of requested alteration. Signature does not constitute approval or disapproval.*

(Comments re the alteration should be forwarded by separate correspondence to the Association at above address.)

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

■ **Action of Architectural Review Committee:**

Recommend Approval / Disapproval for the following reasons _____

Date _____ ARC Chair _____

■ **Action of Board of Directors** ___ Approval ___ Disapproval

Date _____ President _____

Approval/Disapproval indicates architectural change is/ is not in conformity with the relevant Declaration of Covenants, Conditions & Restrictions. Action of the Board of Directors does not in any way authorize work for which a county building permit is required.