



HOMEOWNERS ASSOCIATION INC.  
4131 Gunn Highway, Tampa, Florida 33618  
Telephone (813) 961-1806

# Architectural Review Form Carrollwood Village Phase I

Please complete all information on this form and return the form and supporting documents for review to:

4131 Gunn Highway, Tampa, Florida 33618, or email to [TheVillage@greenacre.com](mailto:TheVillage@greenacre.com)

Date: \_\_\_\_\_

The undersigned requests approval for the following change:

Type of Request:

\_\_\_\_\_ New Structure \_\_\_\_\_ Paint \_\_\_\_\_ Fence \_\_\_\_\_ Roof \_\_\_\_\_ Landscape

\_\_\_\_\_ Addition / Alteration of Existing Structure \_\_\_\_\_ Driveway \_\_\_\_\_ Windows/Doors

\_\_\_\_\_ Other (Please Describe in Description)

Include site plan drawing showing dimensions, setbacks & landscaping and return with this form. Describe exterior materials & colors for your request in the description area at the end of this form. If your request is for new or modified construction to the exterior of your home, please attach a copy of your most recent property survey with this submission.

Prior to submitting this application, please be sure to review the Phase 1 Color Book Palette and Exterior Changes Guidelines, available at <https://www.carrollwoodvillage.com/arc-form-phase-1/>, to ensure that your changes conform to these approved neighborhood standards.

By signing this form below, applicant hereby agrees to obtain all required county permits and acknowledges: **APPROVAL IS REQUIRED PRIOR TO COMMENCEMENT OF PROJECT.**

Name: \_\_\_\_\_

Street-Address: \_\_\_\_\_

\_\_\_\_\_

Village Name: \_\_\_\_\_

Phone No: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

Email address: \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

The requested addition / alteration requires notification of homeowners on either side, rear, and in front of altered property. Please list the name and addresses of the four (4) neighbors who were notified of the requested alteration. The homeowners listed are subject to verification and submitting this request does not constitute approval. Your approval or denial of the requested alteration will be granted by the Architectural Review Committee and you will be notified.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Please list documents below that are included with this request:

You should include actual product samples, actual colors, photos or web addresses to support your request. Any submission that does not contain these supporting documents will be returned as rejected.

Document 1: \_\_\_\_\_

Document 2: \_\_\_\_\_

Document 3: \_\_\_\_\_

Complete description or additional information related to your request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for submitting this request to the Phase I Architectural Review Committee. Please make sure your request includes all required attachments (i.e. paint color swatches, product brochures, contractor proposals, surveys, etc.) that pertain to your request. Our goal is to review your request and reply to you as soon as possible. The ARC has 30-45 days from date received by Greenacre Properties, Inc. to act on your request.

\_\_\_\_\_  
Homeowners Signature Date

**ACTION OF THE ARCHITECTURAL REVIEW COMMITTEE**

Approve | Disapprove for the Following Reasons:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chairperson Signature Date