

## Biltmore Townhome Community Association Inc.

### Architectural Review Board (ARB) Application

Mail Application to: 1073 Willa Springs Dr, Suite 2001, Winter Springs, FL 32708

Phone: (407) 636-6060 Email: HOAFlorida@aol.com

Applications including paint colors can only be received by color email or us mail.

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

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s): Home \_\_\_\_\_ Work \_\_\_\_\_ Alt \_\_\_\_\_

In accordance with the Declaration of Covenants, Conditions and Restrictions and the Association's Rules and Regulations, installation must conform to this approval and the Association's guidelines.

I hereby request your consent to make the following changes, alterations, renovations and/or additions to my property:

☐ Fence ☐ Screen Enclosure ☐ Lawn Ornament ☐ Patio  
☐ Swimming Pool ☐ Landscaping ☐ Lawn Replacement ☐ Other \_\_\_\_\_  
☐ Exterior Color – Body \_\_\_\_\_ Trim \_\_\_\_\_ Door \_\_\_\_\_

Other Description: \_\_\_\_\_

**Attach a property survey that shows the locations of the proposed change, alteration, renovation or addition. Attach color samples, if applicable (painting), Attach drawings of proposed plan.**

I HEREBY UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS:

1. No work will begin until written approval is received from the Association. You have 60 days from the approval date to complete the work. If not, then you must reapply for ARB approval.
2. All work will be completed expeditiously once commenced and will be done in a professional manner by a licensed contractor or myself.
3. All work will be performed timely and in a manner that will minimize interference and inconvenience to other residents. Work hours 8am to 5pm, no work noise on Sundays.
4. I assume all liability and will be responsible for any and all damages to other lots and/or common areas, which may result from performance of this work.
5. I will be responsible for the conduct of all persons, agents, contractors, subcontractors and employees who are connected with this work.
6. I am responsible for complying with all applicable federal, state and local laws, codes, regulations and requirements in connection with this work. I will obtain any necessary governmental permits and approval for the work.
7. Upon receipt, ASC Property Services Inc, will forward the ARB application to the Association. A decision by the Association may take up to 45 days. I will be notified in writing when the application is either approved or denied.

ALL HOMEOWNERS ARE RESPONSIBLE FOR FOLLOWING THE RULES AND GUIDELINES OF THEIR ASSOCIATION WHEN MAKING ANY EXTERIOR MODIFICATIONS.

Signature of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Do Not Write Below This Line**

This Application is hereby: ☐ Approved ☐ Disapproved

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

Comments:

Date Received from Owner: \_\_\_\_\_ Forwarded to Assn: \_\_\_\_\_ Mailed to Owner: \_\_\_\_\_