

## **Beaumont Townhome Owners Association, Inc.**

## APPLICATION FOR ARCHITECTURAL MODIFICATION

Please return completed application to: ARCHITECTURAL REVIEW COMMITTEE Beaumont Townhome Owners Association, Inc. 270 W. Plant St. Ste #340 Winter Garden, FL 34787 Telephone # 877-221-6919 ArcApplication@Evergreen-LM.com

This is a request form to be completed by the homeowner and submitted to the Architectural Review Committee for approval **BEFORE** any work commences. Please be advised, reviews may take up to 30 days for processing from the date a complete application is received in our office. Please refer to the Governing Documents and Design Guidelines for additional information.

Name of Owner (s):			Email Address:		
Street Address:					
Date:	Lot #	Phase #	Phone number:	Phone number:	
Approval is hereby requested for pages: (Check applicable box and,	=	ation(s), addition(	s) and/or alterations	s as described below and on attached	
Landscaping	_Yes/No	oing Pa W Dr	tio/Pavers _ alkway _ iveway Reseal _	Pool/Spa Exterior Paint Solar Collectors (Fans/Tubes) Satellite Dish	
<ul> <li>lines. Plot plan/survey shot property appraisers office</li> <li>Specs: Attach copies of pletc.</li> <li>You are responsible for obtaining</li> </ul>	ould be included in you.  ans from any contract  otaining any necessary  ction is only allowed t	ur closing docume for or vendor prov y permits from the hrough your prop	ints. If not a copy cal iding service. Includi appropriate Buildin erty, and you are res	d relative to the home and the property in be obtained from the county ing color samples, photos, dimensions and Zoning Department(s). Sponsible for any damages. If access is accing any work.	
Owner's Signature			Completion Date: Please contact HOA upon completion for final inspection		
Approved	Denied				
Date of Approval/Denial:		Sig			
				Community Manager	

Your Approval is subject to the following attached Addendum(s)