

TURTLE CREEK RESIDENTS ASSOCIATION, INC.
Request for Architectural Change

This form and any accompanying documentation with ARB application **MUST** be delivered, mailed or faxes to the ARB for approval at the following address **PRIOR** to commencement of any work: **Turtle Creek Residents Association, Inc., c/o Sentry Management Inc., 1645 East Highway 50, Suite 201, Clermont, FL 34711 Fax: 352-243-4597 – Email: eburns@sentrymgt.com.**

***NOTE:** All requests must conform to the local zoning and building regulations, and you must obtain all necessary permits if your request is approved by the ARB. If you have any questions regarding this form, please refer to the Turtle Creek ARB Request Form Instructions (attached), or your copy of the Declaration of Covenants, Conditions, Easements and Restrictions for Turtle Creek; or contact Sentry Management Inc., Elizabeth Burns at 352-243-4595 ext. 211 or e-mail: eburns@sentrymgt.com.

TO BE COMPLETED BY PROPERTY OWNER:

Name: _____ Lot # _____

Property Address: _____

Mailing Address (if different): _____

Home #: _____ Work #: _____ Cell #: _____ Fax #: _____

E-mail Address: _____

DETAILED DESCRIPTION OF CHANGE(S), INSTALLATION(S) OR ADDITION(S):

Estimated Duration: Start Date _____ Completion Date _____

SPECIFICATION(S):

Dimensions: _____

Color(s) (MUST attach sample chips): _____

Material(s): _____

Attach property survey or plot plan that indicates location(s) of change(s), additions(s) or installation(s) along with copies of plans, estimates, pictures, etc. (as applicable).

LIABILITY: I take full responsibility and am personally liable for any damage that might occur to any property as a result of, and during the completion of, this project.

SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY THE HOA AND ARB:

Received by HOA on: _____ Forwarded to: _____ On: _____

[] APPROVED [] CONDITIONAL [] DENIED By: _____ Date: _____

[] APPROVED [] CONDITIONAL [] DENIED By: _____ Date: _____

ARB Comments: _____
