

**HAMILTON WEST OF CENTRAL FLORIDA HOA, INC.
WINTER HAVEN, FL**

Request for Architectural Change

This request is to be completed by the homeowner and submitted for approval **PRIOR** to any work commencing. All requests must conform to local zoning and building regulations, and you **MUST** obtain all necessary permits after your request is approved by the ARB. Please deliver, mail or email this completed form and documentation to:

Hamilton West of Central Florida HOA, Inc
c/o AIA Property Management
2108 E Edgewood Drive
Lakeland, FL 33803
Email: darlene@aiapropertymanagement.com
Phone: 863-686-3700 Fax: 863-683-7537

TO BE COMPLETED BY HOMEOWNER

Name:	
Address:	Lot No:
Phone:	Email:
Describe the change (i.e. paint, porch enclosure, utility building, play equipment, etc.):	
Location: (Attach a copy of lot survey or plan showing location of addition)	
Specifications - Attach a copy of plans, and describe the following:	
Dimensions:	
Materials:	
Color: (Unless repainting with the same colors, please submit color samples of requested change. Only originally approved colors by Adams or Holiday will be considered.)	
Liability: <i>I take full responsibility and am personally liable for any damage that may occur to Hamilton West of Central Florida Homeowners Association property during the completion of this project.</i>	
Signature:	Date:

TO BE COMPLETED BY ARCHITECTURAL REVIEW BOARD

Date Received:	Date Forwarded to ARB:
Architectural Review Board Decision: ___ Request Approved ___ Request Denied	
<u>ARB Member's Signatures</u>	<u>Date</u>
1.	
2.	
3.	
Comments:	
*****Expires six (6) months from approval date.****	
Date Decision Communicated to Owner:	