



AIA PROPERTY MANAGEMENT, INC. HOA POA COA

2108 E. Edgewood Drive, Lakeland, FL 33803 Phone: (863)686-3700 Fax: (863) 683-7537

Island Walk HOA Application for Architectural Change

Association Name: _____ Date: _____
Property Owner's Name: _____
Address: _____ Phone#: _____
Email: _____

Requesting approval for items below:

PAINT (Paint Chip Samples must be provided for all)

Body Color: Choice #1 _____ Choice #2 _____
Trim Color: Choice #1 _____ Choice #2 _____
Door Color: Choice #1 _____ Choice #2 _____
Accent Color: Choice #1 _____ Choice #2 _____
Accent Color Location: _____

FENCING (Must provide sketch with measurements for placement of fence and site plan)

Material: _____ Color: _____
Style: Containment or Privacy Other: _____ Height: _____
Gate #: _____ / Location: _____

POOL AND/OR SCREENED ENCLOSURE (Must provide sketch with measurements, placement and site plan)

Frame Color: _____
Kick plates: yes or no /Height: _____

LANDSCPAING (Must attach site plan and detailed landscape design plan)

Plan Should Include the Following Details:

- ✓ Dimensions and Scale of Plan
- ✓ List of Plant Material (Species, Quantity and Size)
- ✓ Mulch (Medium Sized, Grade A, Natural Color)

 OTHER IMPROVEMENT: _____

APPLICANT CHECKLIST

Have you included?

 Sight Plan/Landscaping Plan Quantities/Size/Spacing Materials/Color Samples
 Plan Dimensions Photos Permit from City of County *(IF needed)*



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Owners Acknowledgments:

I/WE

UNDERSTAND...That nothing herein contained shall be construed to represent the alterations to land or buildings in accordance with these plans shall not violate any of the provisions of building and zoning codes of the county which the above property is subjected. Further, nothing herein contained shall be construed as a waiver or modification of any said restriction.

1. I understand that no work on this request shall commence until written approval has been received by me.
2. ...that any construction or exterior alteration undertaken by me or in my behalf before approval of this application is not allowed; that, if alterations are made, I may be required to return the property to its former condition at my own expense if this application is disapproved wholly or in part; and, that I may be required to pay all legal expenses incurred.
3. ...that any approval is contingent upon construction or alteration being completed in a workman like manner.
4. ...those members of the Architectural Review Committee are permitted to make routine inspections.
5. ...that there are architectural requirements covered by the covenants and a review board process as established by the Board of Directors.
6. ...that the alteration granted by this application will be revoked automatically if the alterations have not been completed within 30 days of the approved date of this application. If additional time is needed, a request must be submitted to the committee for approval.
7. ...that all proposed improvements must meet county and state codes. My signature indicates that these standards are met to the best of my knowledge. I understand that the application for all required building permit(s) are my responsibility.
8. ...that any variation from the original application must be resubmitted for approval.

OWNER/APPLICANT SIGNATURE:

_____ **DATE:** _____

Request for Other Improvements:

DESIGN REVIEW BOARD

___Approved ___Disapproved ___Approved with Conditions noted*

Conditions of Approval:

Review Board Initials: _____, _____, _____, _____, _____

Date: _____