

**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**

<b>Name:</b>	
<b>Address:</b>	<b>Lot No:</b>
<b>Phone:</b>	<b>Email:</b>
<b>Describe the change</b> (i.e. paint, porch enclosure, utility building, play equipment, etc.):	
<b>Location:</b> (Attach a copy of lot survey or plan showing location of addition)	
<b>Specifications</b> - Attach a copy of plans, and describe the following:	
<b>Dimensions:</b>	
<b>Materials:</b>	
<b>Color:</b> (Unless repainting with the same colors, please submit color samples of requested change. Only originally approved colors by Adams or Holiday will be considered.)	
<b>Liability:</b> <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>	
<b>Signature:</b>	<b>Date:</b>

**TO BE COMPLETED BY ARCHITECTURAL REVIEW BOARD**

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