

SOLIVITA HOMEOWNERS ASSOCIATION, INC.  
ARCHITECTURAL REVIEW APPLICATION

Homeowner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Lot # \_\_\_\_\_ Phase \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please select the category of the request:** (Only 1 Change Request Per Application)

- |   |  |                                      |                                 |
|---|--|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Fence            | <input type="checkbox"/> Exterior Color Change | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Pavers |
| <input type="checkbox"/> Screen enclosure | <input type="checkbox"/> Lawn Ornament         | <input type="checkbox"/> Patio       | <input type="checkbox"/> Roof   |
| <input type="checkbox"/> Swimming Pool    | <input type="checkbox"/> Solar Collectors      | <input type="checkbox"/> Gutters     | <input type="checkbox"/> Other  |

I hereby request consent to make the following change, alteration, renovation and/or addition to my property (**Describe the change, addition & installation and the location**):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS SECTION MUST BE COMPLETED**

- The work will be performed by a contractor. (Please provide a copy of their license and proof of insurance.)
- The work will be performed by a homeowner. (Please read and initial statement below.)

\_\_\_\_\_ *The applicant a/k/a homeowner holds the association and its management agent harmless in the event that the applicant plans on initiating and performing the improvements themselves.*

**ALL applications must include the following documents / information in order to complete the application package and to be considered by the committee:**

- Signed Application
- Official Property Survey with location of changes
- Drawings/Sketch with size/dimensions & colors
- Color Pictures with sample of materials for proposed change
- Color Samples
- Copy of contractors' contract or proposal indicating height, shape, materials & colors to be used
- Contractors Business License
- Contractors Insurance

**In accordance with the Declaration of Covenants, Conditions and Restrictions and the Association's Rules and Regulations, Installation must conform exactly to the approval and the Association's guidelines. Any variance could result in violations and/or fines. I agree not to begin any property improvement(s) until I have been notified in writing of the approval. I understand that the responsible Board/Committee has up to thirty days (depending on governing documents) to review and either approve or disapprove this Alteration Application. No response is an automatic DENIAL. If any change is made that has not been approved, the responsible Board/Committee has the right to ask me to remove the improvement from my property.**

Signature of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

Date Received by Staff Member: \_\_\_\_\_

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**Your approval is subject to the following:**

- You are responsible for obtaining any necessary permits from the appropriate Building Department(s).
- Access to areas of construction is only allowed through your property and you are responsible for any damages done to the common areas during construction.

The Architectural Review Committee shall have no liability or obligation to determine whether such improvement, alteration and addition comply with any applicable law, rule, regulation, code, or ordinance. IT IS UNDERSTOOD AND AGREED THAT **“Solivita” AND “Evergreen Lifestyles Management.”**, ET AL, ARE NOT REQUIRED TO TAKE ANY ACTION TO REPAIR, REPLACE OR MAINTAIN ANY SUCH APPROVED CHANGE, ALTERATION OR ADDITION, OR ANY STRUCTURE OR ANY OTHER PROPERTY. THE HOMEOWNER AND ITS' ASSIGNS, ASSUMES ALL RESPONSIBILITY AND COST FOR ANY ADDITION OF CHANGE AND ITS FUTURE UPKEEPAND MAINTENANCE.

- If there is damage to common areas during construction, the homeowner will be notified and must satisfactorily repair the damages. The Homeowner is required to notify the Community Association Manager, once the construction is complete so verification can be made that there are no outstanding damages.

**ARC COMMITTEE USE ONLY – DO NOT WRITE IN THE BOX BELOW**

This Application is hereby:	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Disapproved</b>	<input type="checkbox"/> <b>Approved W/ Conditions</b>
Date _____	Signature _____		
<b>Explained Conditions:</b>			
_____			
_____			
<b>Explained Disapproval:</b>			
_____			
_____			