



ARCHITECTURAL REVIEW BOARD (ARB) APPLICATION

MAIL APPLICATION TO: 3049 LAZLO LN, ORLANDO, FL 32837
Phone: (407) 506-0606 Fax: (888) 518-5745
Web: CrystalGlen.org Email: ARB@CrystalGlen.org

COMPLETE Homeowner and Contact Information REQUIRED

Name _____ Email _____
Phone(s) Home _____ Cell _____ Fax _____ (If you have a Fax)
Property Address _____
Mailing Address _____ City _____ State ____ Zip _____

In accordance with the Declaration of Covenants, Conditions and Restrictions and the Association's Rules and Regulations, installation must conform to this approval and Crystal Glen Homeowner's Association guidelines.

I hereby request your consent to make the following changes, alterations, renovations and/ or additions to my property at the address listed above:

- | | | | | |
|--|---|--|----------------------------------|---|
| <input type="checkbox"/> Exterior Paint | <input type="checkbox"/> Fence | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Patio | <input type="checkbox"/> Screen Enclosure |
| <input type="checkbox"/> Driveway Pavers | <input type="checkbox"/> Roof | <input type="checkbox"/> Rain Gutters | <input type="checkbox"/> Windows | <input type="checkbox"/> Garden Shed |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Lawn Replacement | <input type="checkbox"/> _____ | | |

Description _____

COMPLETE Company/Contractor doing Alterations, Renovations and/or Additions to my property REQUIRED

Company/Contractor Name _____ Email _____
Phone(s) Office _____ Cell _____ Fax _____
Mailing Address _____ City _____ State ____ Zip _____
Email _____ Website _____

Materials to be used: _____

Total Cost of THIS project : \$ _____ Estimated Start Date: ___/___/___ Estimated Completion Date: ___/___/___

You MUST ATTACH all of the following to this ARB Application.

- Copy of Proposal/Contract for the changes, alterations, renovations and/ or additions to my property. **REQUIRED**
- Copy of the property survey that shows locations of proposed change, alteration renovation or addition. **REQUIRED**
- A drawings of your plan(s). **REQUIRED**
- A color sample (if applicable). **REQUIRED**

NOTE: APPLICATIONS SUBMITTED WITHOUT ALL OF THE ABOVE WILL BE CONSIDERED INCOMPLETE. IF AN APPLICATION IS INCOMPLETE, IT WILL NOT BE PROCESSED AND WILL BE RETURNED TO YOU.



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I HEREBY UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS.

1. No work will begin until written approval is received from the Association.
2. You have 60 days from the approval date to complete the work. If not, then you must reapply for ARB approval.
3. All work will be done expeditiously once commenced and will be done in a professional manner by a licensed contractor or myself.
4. All work will be performed timely and in a manner, that will minimize interference and inconvenience to other residents.
5. I assume all liability and will be responsible for any and all damages to other lots and / or common area, which may result from performance of this work.
6. I will be responsible for the conduct of all persons, agents, contractors, subcontractors and employees who are connected with the work.
7. I am responsible for complying with all applicable federal, state and local laws, codes, regulations and requirements in connection with this work. I will obtain any necessary governmental permits and approval for the work.
8. A decision by the Association may take up to **30 days**. You will be notified in writing when the application is either approved or denied.

ALL HOMEOWNERS ARE RESPONSIBLE FOR FOLLOWING THE RULES AND GUIDELINES OF CRYSTAL GLEN HOA WHEN MAKING ANY EXTERIOR MODIFICATIONS.

Signature of Owner(s): _____ Date: ___/___/___

Signature of Owner(s): _____ Date: ___/___/___

Do Not Write Below This Line

This Application is hereby: Approved Denied

Date ___/___/___ Position _____ Name _____ Signature _____

Date ___/___/___ Position _____ Name _____ Signature _____

Date ___/___/___ Position _____ Name _____ Signature _____

Comments _____

HOA Use : Timeline

Received from Applicant Date ___/___/___ Estimated Start Date ___/___/___

ARB Decision Made Date ___/___/___ Estimated Completion Date ___/___/___

Mailed to Owner Date ___/___/___