

ARCHITECTURAL REVIEW APPLICATION

WATERFORD CHASE MASTER VILLAGE

SUBDIVISION: _____

c/o Don Asher and Associates
1801 Cook Ave
Orlando, FL 32806
Phone: (407) 425-4561 Fax: (407) 843-5169

Mailing Address: If different from Property Address _____	Property Description: Street Address: _____
Name: _____	Lot # _____
Address: _____	Owners Name: _____
_____	Property Address: _____
Signature: _____	Phone: Day _____ Night _____

Note: THIS FORM WILL BE MAILED BACK TO THE PROPERTY OWNER: THE FOLLOWING ITEMS NEED TO BE SUBMITTED, IN DUPLICATE, ALONG WITH THIS FORM: 1) PLOT PLAN SHOWING LOCATION OF MODIFICATION; 2) DRAWING AND COLOR SAMPLES, 3) ONCE ARC IS APPROVED AND DATED, WORK MUST BE COMPLETED WITHIN 90 DAYS OR A NEW APPLICATION MUST BE SUBMITTED. ANY REPAIRS TO COMMON PROPERTY AND OWNER PROPERTY MUST BE COMPLETED WITHIN TWO WEEKS TIME.

Please complete the following, if applicable:

Contractor: _____	Architect: _____
Phone: _____	Phone: _____

Purpose of Application: Check appropriate items

_____ Exterior Color Selections (attach color samples; denote body, trim & roof colors)

_____ Pool (detail color of any screen enclosure and detail how pool equipment will be screened from view)

_____ Fence Plan (detail style, material, size and plat plan to be included)

_____ Landscaping Plan

_____ Construction project such as screen room or room addition. Colors and materials must be detailed.

_____ Other _____

NOTICE

"THESE PLANS HAVE BEEN REVIEWED FOR THE LIMITED PURPOSE OF DETERMINING THE AESTHETIC COMPATIBILITY OF THE DESIGN PLANS OF THE COMMUNITY. THESE PLANS ARE REVIEWED ON THAT LIMITED BASIS. NO REVIEW HAS BEEN MADE WITH RESPECT TO THE FUNCTIONABILITY, SAFETY, COMPLIANCE WITH GOVERNMENTAL REGULATIONS, OR OTHERWISE AND NO RELIANCE ON THIS APPROVAL SHOULD BE MADE BY ANY PARTY WITH RESPECT TO ANY SUCH MATTERS. THE UNDERSIGNED EXPRESSLY DISCLAIMS LIABILITY OF ANY KIND WITH RESPECT TO THESE PLANS, THE REVIEW HEREOF, OR ANY STRUCTURES BUILT PURSUANT HERETO, INCLUDING BUT NOT LIMITED TO, LIABILITY FOR NEGLIGENCE OR BREACH OF EXPRESS OR IMPLIED WARRANTY."

ARCHITECTURAL REVIEW COMMITTEE

Approved: _____	_____
Signature	Date
Disapproved: _____	_____
Signature	Date

COMMENTS BY ARC

Date Received by D.A.: _____	Date Mailed to Mailing Address: _____
Date Submitted to ARC: _____	Date Mailed Certified: _____
	(if applicable)