



Email to: [info@abcmanagementfl.net](mailto:info@abcmanagementfl.net) or you may also upload in your web portal  
or mail to: ABC Management of Central FL | 2430 US HWY 27 SUITE 330.-234 | Clermont, FL 34714

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## Architectural Review Application

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Description: \_\_\_\_\_

- Exterior Paint:** Requires homeowner signature on paint color change form. Please login into your online account to check if there is an approved colors for your community. Please note that if you are repainting your home in the existing colors, you must still complete this application.
- Fence:** Requires a copy of your plot plan/ survey indicating the location of the fence on your property. A picture of the style of fence listing dimension and materials must be provided. Requires signature on fence requirements form.
- Landscaping Removals, Replacements & Enhancements:** Requires a copy of your landscape plan and property survey, showing the location of the items that are being removed, replaced, or added, together with tree type, plant types, sod type, etc.
- Construction Project:** (For example, extensions, shed, Re-roofing, patio areas, etc.) Require a copy of your property survey showing location and dimensions. A detailed drawing of construction and details of materials/finishes being used. Any further information can be found in your regulations and documents in your online account.
- Other:** Please Specify:

**I/We, by affixing our signature(s) below, hereby agree to the following stipulations:**

1. No work will begin until approval is received by the Association.
2. All work must be done expeditiously once commenced and will be done in a good workmanlike manner by myself or a licensed contractor.
3. All work will be performed at a time and in a manner to minimize interference and inconvenience to other residents.
4. I/We assume all liability and will be responsible for all damage to other lots and/or common area or injury which may result from the performance of this work.
5. I/We will be responsible for the conduct of all persons, agents, contractors, subcontractors, and employees who are connected with this work.
6. I/We, Am/Are responsible for complying with and will comply with all applicable federal, state, and local laws, codes, regulations, and requirements in connection with this work, and I/We will obtain any governmental permits and approvals for the work.
7. Upon receipt of this Application ABC Management, will forward it to the Association for consideration. Decisions by the Association may take up to 30 business days, I/We will be notified in writing when the Application is approved or denied.

Sign \_\_\_\_\_ Date: \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE

This Application is hereby:  Approved  Denied

By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

Date: Received by Owner: \_\_\_\_\_ Forwarded to Board: \_\_\_\_\_ Returned to Owner: \_\_\_\_\_