

Send Application to: 2430 US HWY 27 Suite 330, -234 Clermont, FL 34714 or Email to: info@abcmanagementfl.net

		Fence Requirer	nents		
Name: _		Phor	ne:	Cell:	
Property	Address:		E	mail:	
Mailing /	Address:				
	ciation has the responsibility to approve the loo y with the correct side of the fencing facing out				nes.
Description	on:				
Attach a	copy of the lot survey that shows the location of	the proposed change, alterati	on, renovation, or a	ddition. Attach drawing or blueprint of y	our plan(s).
•	If appropriate, please make sure your next-doc Fence must be at least 5 feet back from the co The posts and fence panels cannot be sloped of You cannot fill in area with dirt at the corners of You need to go with the flow if the property ar Installed with the post and supports on the ins It will be the owner's responsibility to take care It will be the owner's responsibility to take care	rners of the house excluding the on the corners or sides into east or sides of drainage easement. In a cannot change current drainide of the property. The of any damage during remover repair any damage.	ne garage. ement. nage conditions. al or installation.		s of the fence.
*Note: A	pplications submitted without a copy of the surv	ey with drawings and/or blue	orints will be conside	ered incomplete and will not be consider	red.
	For Corner Lots Only -* Please check with for your community and/or your Commun	ity documents.			oack lines
vour cor	For Pond View Only -* Please check your on munity. I/We, by affixing our signature(s) below			iew restrictions for	
1. 2. 3. 4. 5. 6.	No work will begin until approval is received by All work must be done expeditiously once com All work will be performed at a time and in a m I/We assume all liability and will be respor from the performance of this work.  I/We will be responsible for the conduct of all I/We, Am/Are responsible for complying wit requirements in connection with this work, a	y the Association. Immenced and will be done in a nanner to minimize interference in the sible for all damage to other persons, agents, contractors, so hand will comply with all append I/We will obtain any gove	good workmanlike re and inconvenience er lots and/or cominubcontractors and endicable federal, staternmental permits a	e to other residents. mon area or injury which may result mployees who are connected with this w e, and local laws, codes, regulations an nd approvals for the work.	vork. Id
	up to 30 business days, I/We will notify in writing			ion sections by the resocution may take	
Signature	e	<del></del> -	Date		
		DO NOT WRITE BELOW	THIS LINE		
	lication is hereby:   Approved	□Denied 	Date:		
Commen	ts:				

Dates: Received by Owner: \_\_\_\_\_ Forward to Board: \_\_\_\_\_ Returned to Owner: