

WICKHAM PARK

Wickham Park Homeowners Association Inc.

Architectural Review Board Application 601 E. Oak Street Suite C, Kissimmee, FL 34744 Kissimmee@sentrymgt.com Phone: (407) 846-6323 Fax: (407) 846-0301

Please provide a complete, detailed description of the proposed change, including sketches, drawings, pictures, etc., and show its location on a site plan (plat) for the property. Use additional pages if required. An incomplete application will not be accepted and will be returned to the homeowner. In accordance with the Declaration of Covenants, Conditions and Restrictions and the Association's Rules and Regulations, installation must conform to this approval and the Association's guidelines.										
Homeowner Name:										
Mailing Address of Property Owner:			F	Physical Property Address of Improvement / Modification:						
Phone Number:		Email Address:				Date of Application:				
Type of Work:	Γ									
Exterior Paint	Pool/Spa		Fencing		Gutter Install					
Landscaping / Lighting	Screened Enclosure		Patio/Deck/Pavers		Satellite Install					
Decorative	Other:									
Description of Addition / Change:										
Project Start Date: Approximate C		e Completion Date:		Color(s):						
Material(s) Used:				Dimensions:						
Work to be completed by:				Contractor Name: (if applicable) Contract		Contractor Phone Number:				
Contractor Self Other:										
Note to Include: Applications submitted without at least one (1) copy of the survey, drawing, or color sample will be considered Incomplete. As stated above, If an application is incomplete, it will not be processed and will be returned to you. It is the property owner's responsibility to ensure that all requests conform to the applicable zoning and building regulation and that approved projects are properly permitted in accordance with all city, state and municipal requirements.										
Lot survey	U Work	Specifications	□ P	Paint color code or sample						



Homeowner's Acknowledgment/Agreement:

(Please read and initial)

I am the homeowner and have completed this application in good faith and it accurately represents the improvement / modification I propose to make. I understand that approval of this application does not authorize me to violate any provisions of the Architectural Standards, HOA documents or any Orange County Building, County and zoning codes.

I understand and agree that any improvement / modification granted by the ARB undertaken prior receipt of the ARB's approval is at my own risk, and that I may be required to return the property to its former condition at my own expense should the application be disapproved wholly or in part and I may be subject to any costs that the Association incurs as a result of restoring any unapproved ARB modification. Any damage resulting from the modification or installation becomes the sole responsibility of the owner and not the Wickham Park Homeowners Association Inc.

_____I understand that work must be completed as soon as possible after ARB's approval and that the improvement must be built only on my own property.

_____I understand that members of the ARB are permitted to enter upon my property at any reasonable time for the purpose of evaluating the proposed project, and inspecting the ongoing and/or completed project, and that such entry does not constitute trespass.

I understand that if approved, I must adhere to the improvement / modification specified within the application and approval conditions. Any deviation from the specified improvement / modification must be resubmitted for ARB approval. authority granted by this application will be revoked automatically.

I understand that all work must begin within 180 days of the approval and work must be completed within 120 days of the start date.

____I understand hired contractors are not permitted to display advertising or signage on my property.

I understand work must be completed during between the hours of 7:00am and no later than 10:00pm.

_____ I understand that it is my responsibility to maintain, repair and replace any approved and completed improvement / modification as a result of this application. The Homeowner is responsible for the repair of any damage resulting from the modification and or improvement.

____ (If applicable) I certify that I will obtain all necessary permits for this project.

Architectural Review Board's (ARB) Process:

Once your application has been completed in its entirety and submitted to the Architectural Review Board (ARB), the ARB shall act on submissions to it within thirty days after receipt. But its failure to do so shall not result in, or be deemed to mean, that the ARB has approved the application.

Any appeal should be received within 10 days of your receipt of ARB's decision. If you have questions regarding your pending proposal contact your Property Manager by phone (407) 846-6323 or fax (407) 846-0301.

Owner(s) Signature:	Date:									
Application Review Status										
Reviewed By:	Application Stat	us:	Date	e Approved/Denied:						
	Approve	Denied	Conditional Approv	val						
Explanation of Conditional Approval:										