Lakes Estates Homeowners Association, Inc.

REQUEST FOR ARCHITECTURAL APPROVAL

This is a request form to be completed by the homeowner and submitted to the Architectural Review Committee (ARC) for approval <u>BEFORE</u> any work commences.

Please complete in its entirety and mail to:

Lakes Estates Homeowners Association, Inc. c/o Sunstate Management Group P.O. Box 18809 Sarasota, FL 34276 Fax: 941-870-9652 Phone: 941-870-4920

THIS SECTION TO BE COMPLETED BY THE HOMEOWNER (plot plan must be attached to this request)

Date:		
Name:Lot #:		Lot #:
Address:		
City	ZIP	
Phone (home)	(work)	
	/INSTALLATION: (i.e. pool, screen en	
	plan/survey showing the location of g done.	f the addition or installation (must be
Specifications: Attach a copy of the	e plans, drawing or photograph (mus	st be provided).
Dimensions		
Estimated time of completion:		
employ, direction or authority. Ple	onform to the local zoning and build	work/action of persons under their at damage to common areas does not occur ding regulations and owners are responsible
Please do not v	write below this line	REQUEST:
Date approved	Date denied	
(ARC) SIGNATURE:		
Date received by Sunstate:	sent to ARC:	Sent to H/O:
Acc.form.doc 07 02		