



**SILVER BEND HOMEOWNERS ASSOCIATION INC.
ARCHITECTURAL CONTROL APPLICATION
EXISTING HOME FORM**

C/O Premier Community Managers, Inc.
10524 Moss Park Road, Suite 204-602, Orlando, FL 32832
Phone: 407-696-5700 Fax: 407-696-5353

The Homeowner understands and agrees that **NO** construction will commence in any manner or respect, until approval by the Architectural Control Committee has been granted. The homeowner is also informed that it may take as much as 30 days for approval to take place. Approval will be given in writing.

Name: _____
Address: _____
Lot #: _____ Anticipated Start: _____ Anticipated Completion: _____
Phone # _____ E-Mail _____

Please give a complete description of the requested changes. Include lot survey, site plans, diagrams, color chips, materials description, sample products, and photographs. All requests must be accompanied by a minimum of a lot survey or site plan and contractor's plans (if applicable). Also be sure to include a copy of your City of Ocoee building permit for the work requested when the exterior change requires a City of Ocoee building permit.

Home exterior changes include the following. Please "☑" all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Fence – Type _____ | <input type="checkbox"/> Home Addition | <input type="checkbox"/> Door/Window Replacement |
| <input type="checkbox"/> Exterior Paint | <input type="checkbox"/> Gutters | <input type="checkbox"/> Play Structure |
| <input type="checkbox"/> Whole House | <input type="checkbox"/> Shutters/Awnings | <input type="checkbox"/> Screen Door |
| <input type="checkbox"/> Trim | <input type="checkbox"/> Chimney | <input type="checkbox"/> Driveway/Pavers |
| <input type="checkbox"/> Exterior Door | <input type="checkbox"/> Pool | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Cage Screening | <input type="checkbox"/> Patio/Deck | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Propane Tank | <input type="checkbox"/> Solar Panels | <input type="checkbox"/> Spa |
| <input type="checkbox"/> Other : <u>Please explain below</u> | <input type="checkbox"/> Flag | <input type="checkbox"/> Re-Roof (Shingles) |

Description of Work: _____

*****FAILURE TO PROVIDE ANY OF THE ABOVE MENTIONED COMPLETED INFORMATION WILL DELAY THE APPROVAL PROCESS*****

Date received in office: _____ Date Received by ACC: _____ Approved Disapproved

Date notice sent to Owner regarding ACC Decision: _____

Comments: _____

(1) ACC Signature: _____ Date: _____

(2) ACC Signature: _____ Date: _____

(3) ACC Signature: _____ Date: _____