

SANDALWOOD HOMEOWNER'S ASSOCIATION, INC.

ARCHITECTURAL CONTROL COMMITTEE REQUEST

Date: _____

Lot #: _____

Unit Owner (Applicant): _____

Address of Unit/Lot: _____

Mailing Address (if different from above): _____

Phone #: _____ (Home) _____ (Work)

Description of Work (Please describe in detail, include dimensions, materials and colors to be used):

Attach additional pages as required. Remember to plot your above request on your lot survey.

Drawings Attached: Yes No

I/We hereby make this application to the Architectural Control Committee for the above-described item to be approved by the Architectural Control Committee and the Board of Directors.

I/We understand that approval of our request must be granted before I/we have the job started. I/We also acknowledge that we could be forced to have an item removed if it is installed without approval. I/We understand that our request could be delayed if insufficient information is included in our request.

Date

Signature of Applicant

Signature of Applicant

Please complete and return to: Sandalwood HOA, Inc., C/o CMC Management, Inc., 2950 Jog Road, Greenacres, FL 33467

OFFICE USE ONLY

THIS FORM MUST BE RETURNED TO SANDALWOOD HOMEOWNER'S ASSOCIATION'S CURRENT BOARD OF DIRECTORS FOR REVIEW, APPROVAL, DENIAL, MODIFICATION OR REQUEST FOR ADDITIONAL INFORMATION.

Request Before ACC Date: _____

Review Date: _____

REVIEWED BY:

Signature _____

Print Name _____

Signature _____

Print Name _____

Signature _____

Print Name _____

Recommended: _____

Not Recommended: _____

Returned to BOD: _____

BOARD ACTION:

Review Date: _____

Approved: _____

Disapproved: _____

Modification(s) and/or additional information (if needed): _____

REVIEWED BY BOD:

Signature _____

Print Name _____

Signature _____

Print Name _____

Signature _____

Print Name _____