Dorchester at Poinciana

Architectural Review Board (ARB) Application For all Modification(s) or Improvement(s)

Owner Information

Owner(s) Name:

_____

Address: (if seasonal)

_____

Building: _____ Unit: _____

Day telephone: _____ Evening

Email: _____

Fax: _____

Contractor Information _____

Contractor & Contact Person:

_____

Contractor Office Phone: _____

Cell _____

Email: _____

Fax: _____

Approval is hereby requested to make the following modification(s) or improvement(s) as described and depicted below, or on the 2nd page of this application as necessary. Please include such detail as materials, design, size, location and other pertinent data described as:

_____

_____

_____

_____

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_____

(Continue on page 2 if additional space is needed)

Attachments provided:

_____ Completed Application

_____ Copy of Contract(s) or Proposal from contractor. Include copy of license and insurance (Liability, minimum $250,000. Dollars, and proof of workman's compensation.)

_____ Approved ____ Not Approved Director _____ Date_____/_____/_____

Reason declined.

_____

_____

_____

Continued from page 1
Description of modification(s) or improvement(s)