

TOSCANA HOMEOWNERS ASSOCIATION, INC.

Architectural Review Committee Application

Date: _____

Name: _____

Address: _____

Phone: Day: _____ Evening: _____

Mobile: _____ Email: _____

Describe the work to be done, type of materials and colors to be used for the new structure. (If applicable please attach survey, landscaping plan, elevations, etc). **AN IMPACT FEE OF \$1,500 MUST BE SUBMITTED WITH THIS REQUEST.**

Contractor: _____ Phone: _____

IMPORTANT NOTICE: Prior to starting your project, you must obtain Architectural Review Committee Approval, and then obtain any and all necessary permits required by the appropriate Municipality.

DO NOT WRITE IN THIS SPACE

On this ____ day of _____, 20__, the Architectural Review Committee reviewed the above application.

The Committee ___ Approved said application subject to the following conditions:

The Committee ___ Disapproved said application due to the following:

Signed: _____ Date: _____

Please return completed application to the above address.