

ROSE HILL ARCHITECTURAL REVIEW BOARD REQUEST FOR HOME IMPROVEMENT FORM

Use this form **BEFORE** beginning work on your home and **BEFORE** purchasing any supplies for and including all landscaping, painting, roofing, installation of outbuildings, fences, etc.

NAME _____ LOT NO.: _____

ADDRESS _____ PHONE: _____

To protect each owner’s rights and property values we require that any owner considering making improvements or alterations to their home or property submit a Request for Home Improvement Form to the Architectural Review Board (ARB) PRIOR to beginning work or purchasing supplies. Receipt of County approval DOES NOT constitute approval by the Association and is NOT approval for you to begin work. The ARB reserves the right to investigate the application and inspect material prior to processing the request. If any change is made that has NOT been approved by the Association, the Board of Directors has the right to require you to UNDO the improvements from your property. Please complete this form in detail and deliver it to a member of the ARB or mail to RHHA, PO Box 618262, Orlando, FL 32861.

Brief description of the improvement:

Who will perform the work?
 Are permits required? Y / N Date permit obtained: _____ Permit Number: _____

Proposed/estimated completion/inspection date: _____

Attach a copy of your plat map with sketch, engineering report or drawing with all proposed additions or changes including the measurements. If you are proposing exterior paint or new roofing include paint samples or shingle samples.

Brief description of materials to be used for the improvement:

Paint colors:
 Fence height and wood type:
 Landscaping:
 Location, size and type of replacement trees:
 Sod (essential for septic replacement): Y / N Type: Bahia , Bermuda, Centipede, St. Augustine, Zoysia, Other _____
 Other ARB requests:

I agree not to begin work until I have received written approval to begin. All work must be completed within ninety (90) days of notice of approval unless requested otherwise. A new application must be submitted if time expires.

Signature _____ Date _____

30 days to Approve
 Received on /Date _____ Notified _____
 Approved/disapproved _____ Date of meeting _____
 Approved/disapproved _____ Date of meeting _____
 Approved/disapproved _____ Date of meeting _____

When you have completed your home improvements, for a review of your property to show completion, please contact a member of the ARB or the ARB Chair with your name, address and phone number so that a time can be arranged for a review of the improvements with you. Thank you, from the Board of Directors and the ARB.

ARB inspection by: _____ Date of inspection: _____
 Date project was completed: _____ Homeowner initials at inspection: _____

A copy of this form will be given to homeowner after final ARB inspection. Date mailed by ARB _____