

SUMMER LAKES HOA, INC.
ARCHITECTURAL REVIEW FORM

DATE SUBMITTED: _____ LOT NO. _____

OWNER'S NAME: _____ TELEPHONE _____

ADDRESS: _____

We request the following modification/change to my (our) property:

Need sketch and/or diagram of plan. Attach separate diagram and survey if appropriate.
Please note that sketches and samples will not be returned.

**Return completed form with color samples to: Summer Lakes HOA, Inc.,
PO Box 1407 Port Richey, FL 34673. A response will be sent to you within 30 days.**

IT IS THE RESPONSIBILITY OF THE HOMEOWNER TO ASSURE THAT THIS MODIFICATION COMPLIES WITH ALL COUNTY AND/OR STATE LAWS AND ZONING REGULATIONS. IF DEED RESTRICTIONS DIFFER FROM COUNTY OR STATE REGULATIONS, DEED RESTRICTIONS WILL BE THE PRIMARY ENFORCEMENT.

ANY CHANGES MADE AFTER APPROVAL, MUST BE BROUGHT TO THE BOARD'S ATTENTION

PLEASE NOTE THAT ALL APPROVED ACC REQUESTS WILL EXPIRE IN 6 MONTHS

DATE REVIEWED: _____

THIS REQUEST _____ HAS _____ HAS NOT BEEN APPROVED.

IF NOT APPROVED, BECAUSE OF THE FOLLOWING REASONS:

_____ Approved _____ Disapproved

SIGNATURE

_____ Approved _____ Disapproved

SIGNATURE

_____ Approved _____ Disapproved

SIGNATURE