

**STONEYBROOK MASTER ASSOCIATION OF ORLANDO, INC.**  
**Architectural Review Committee Application**

This is a request form to be completed by the homeowner and submitted to the Architectural Review Committee (ARC) for approval BEFORE any work commences. In order to protect the Community of Stoneybrook, Homeowner's rights and property values, it is required that any Homeowner considering improvements or alterations to their home or property submit a request to the ARC prior to beginning work. Receipt of city or county permits does not constitute approval by the Association and should not be considered consent to begin work. The ARC reserves the right to investigate applications and inspect material(s) prior to processing any request. If any change has been approved that has NOT been approved by the Association, the Board of Directors has the right to require removal of the improvements from the property. Please complete this form, including samples and drawings and return it to the on-site Property Manager. All approved projects must be completed within 60 days of receipt of approval. If the work is not completed within the 60 days the application must be resubmitted. The ARC may have up to 30 days to review your request.

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**THIS SECTION TO BE COMPLETED BY HOMEOWNER**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ LOT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ VILLAGE: \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ WORK/CELL: \_\_\_\_\_

**I AGREE NOT TO BEGIN WORK UNTIL I HAVE RECEIVED WRITTEN APPROVAL FROM THE ARC**

**Signature of Homeowner:** \_\_\_\_\_

DESCRIBE THE CHANGE/ADDITION/INSTALLATION: (i.e. Fence installation, repaint exterior, screen enclosure, pool, etc.)

\_\_\_\_\_

LOCATION: (attach a copy of a survey map with a suitable diagram showing where the addition is located)

\_\_\_\_\_

SPECIFICATIONS: (attach copies of plans, estimates or pictures)

Dimensions: \_\_\_\_\_

Material(s): \_\_\_\_\_

Color (s): \_\_\_\_\_

**Note: All requests must conform to all local Zoning and Building Regulations and you must obtain all necessary permits if the Architectural Review Committee approves your request.**

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**SECTION TO BE COMPLETED BY HOA/ARC**

REQUEST: Date Approved: \_\_\_\_\_ Date Denied: \_\_\_\_\_

BOARD MEMBER'S SIGNATURE: \_\_\_\_\_

MANAGER'S SIGNATURE: \_\_\_\_\_

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Please return to:

Michelle Paul

14351 Stoneybrook Boulevard Orlando, FL 32828

Phone: 407-249-7010 Fax: 407-249-7030