

**HIGHLANDS HOMEOWNERS' ASSOCIATION INC.  
Request for Architectural Change/Addition/Improvement**

This request form is to be completed by the homeowner and submitted for approval prior to any work commencing.\*  
Mail or fax the completed form to:

**Highlands Homeowner's Association  
2200 Shepard Road  
Winter Springs, FL 32708  
Fax: (407) 327-0644**

If you have any questions concerning this application, please refer to your Declarations of Covenants and Restrictions, or contact: Courtney Lawson (407) 327-0640 email us at: [highlandshoaws@gmail.com](mailto:highlandshoaws@gmail.com)

**\*NOTE:** All requests must conform to the local zoning and building regulations and you must obtain all necessary permits if your request is approved by the ARB. This request is valid for 180 days from point of acceptance.

**\*\*ANY CHANGE IN PLANS ORIGINALLY SUBMITTED WILL REQUIRE A NEW ARB APPLICATION**

**TO BE COMPLETED BY HOMEOWNER**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Lot No:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Describe the change (i.e. porch, enclosure, etc.):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Location - Attach a copy of lot survey or plan showing location of addition.**  
 \_\_\_\_\_

**Specifications - Attach a copy of plans, permits and describe the following:**  
 \_\_\_\_\_

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

**Materials:** \_\_\_\_\_

**Color: (Attach color samples)**  
 \_\_\_\_\_

**Liability: I take full responsibility and am personally liable for any damage that may occur to Highlands Homeowners' Association property during the completion of this project. I understand that if approval is granted I must commence work within 180 days of the approval and that the work must be completed within 6 months of commencement.**

**Homeowner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE COMPLETED BY ARCHITECTURAL REVIEW BOARD**

**Date Received:** \_\_\_\_\_ **Date Forwarded to ARB** \_\_\_\_\_

**Architectural | Review Board Decision**     Request Approved     Request Denied

**Architectural | Review Board Signatures:**    **Date:** \_\_\_/\_\_\_/\_\_\_    **Did Sub-Association Approve Request?** \_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_ 2nd Signature Required

3. \_\_\_\_\_ 3rd Signature Required    **For New or Major Renovations**

**Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Date Decision Communicated to Owner:** \_\_\_\_\_