## INDIAN POINT HOMEOWNERS ASSOCIATION, INC ARCHITECTURAL REVIEW APPLICATION

This form is to be completed by the homeowner and submitted to the Architectural Control Committee for approval PRIOR to commencement of any work. Mail application to:

## IPHOA, 246 Indian Point Circle, Kissimmee, Fl 34746

## PLEASE ALLOW THIRTY (30) DAYS UPON RECEIPT FOR A DECISION FROM ACC.

	Please print legibly and provide all information	on required.
Owner(s) name:		Date:
Property address:		
Mailing address:		
City/State/Zip		
	e):	
Phone #'s: Hom		Fax:
ATTACH ALL APPLIC	ABLE INFORMATION PERTIENT YO REQUE	ST
DESCRIBE ADDITIC	ON, CHANGE OR INSTALLATION: (I	e. fence, screened enclosure, pool, exterior paint, landscaping.)
Attach copy	y of property survey outlining where a	ddition or installation will be located.
	ttach copies of plans, estimates, pictu S MUST BE ATTACHED	res or color samples.)
Dimensions:		Color
Materials:		
PROVIDE PHOTO/B	ROCHURE OF FENCE STYLE	
Fence style:		
-	(POSTS MUST FACE INWARDNOT F	PERMITTED ON WATERFRONT)
Other information		
NOTE: Request and alterations must conform to all local Zoning and Building Regulations. You are required to		
obtain the required permits if your request is approved. If your request is denied by the ACC, you may appeal		
to the Board of Directors for review. If all required materials or information is not included with this form at the time of submission, the period does not apply for approval/disapproval.		
time of submission,		
	FOR USE BY THE ARCHITECTUR	AL CONTROL COMMITTEE
Mgmt rec'd:		Forwarded to:
ARC comments:		
		Data
Approved:	Denied:	Date:
Approved:	Denied:	Date: