

ARCHITECTURAL COMMITTEE

SERVICE REQUEST FORM

The following exterior change(s) or improvement(s) to my dwelling and/or property are being planned.

I request approval by the Orchid Lake Village Homeowners Association -- Unit 10:

NAME: _____ (Please print)

STREET ADDRESS: _____ LOT # _____

PHONE: _____ DATE: _____

Signature: _____

NATURE OF REQUEST: (check all spaces that apply) EXCAVATION _____

CONSTRUCTION _____ PAINTING _____

LANDSCAPING _____ FENCING _____

IS THIS REPLACEMENT WORK? _____ YES _____ NO

Time Period this request will take from start to finish (start date to be approved by committee before work can begin. (number of days/weeks to complete _____)

SPECIFIC DETAILS (Include copies of plans, blue prints, permits, etc. Use reverse side also.)

PROCEDURE: a) If the Committee recommends approval, all information submitted will be forwarded to the Board

of Directors for final review and action. b) If there are questions about the Request, the Architectural Committee

Chairperson will contact the homeowner within 15 days of receipt of the request.

NOTE: Submissions for the Architectural Committee must be mailed to:

Architectural Committee

Orchid Lake Homeowner's Association-Unit 10

P.O. Box 1218 Port Richey, FL 34673

(Do not write below this line

Date received: _____ Response Date: _____ Recommend Approval: _____

Further Input needed:: _____ Recommend Disapproval: _____

Reason(s) for negative recommendation if applicable:

Signature of Architectural Committee: _____