

Architectural Form



Arborgate **Patio Homes**
at Kendall Lakes East

**Arborgate at Kendall Lakes East Patio Homes H.O.A., Inc.
Architectural Form**

Name: _____

Property Address: _____

Phone: _____

Email Address: _____

Estimated Start Date: _____

Proposed Completion Date: _____

Please describe the proposed alteration or replacement (include materials, colors, styles, and dimensions):

Please attach **drawings** showing all proposed improvements, including relationships to existing structures, landscaping and lot lines. **Photographs** or **brochure pictures** should be submitted along with this request when available.

Upon receipt of this form, the Architectural Review Committee will contact the owner if necessary to set up an appointment to review the proposal. Then, the ARB will make a decision based on the Homeowners' Association Covenants and Restrictions. Once approved or denied, the H.O.A. management company will notify the owner via email and/or written correspondence. The ARB will review your plans as quickly as possible, but **please allow for thirty (30) days**.

I understand approval of the above changes by the Arborgate Homeowners Association Architectural Committee or Board of Directors does not relieve me of the responsibility for obtaining any and all necessary Building Permits, Variances, and observing all local zoning ordinances. If approved, I agree to make the changes under the terms and conditions specified in the letter of approval. All changes will be on my property or property lines. If any portion of the Association's property is disturbed or damaged by my contractor, agent, or myself, I agree to restore the Association's property to its original condition at my expense.

Applicant Signature: _____ Date: _____

Email questions to: arborgatepatiohomes@gmail.com

<p>Send completed form to: arborgatepatiohomes@gmail.com</p>	<p>OR:</p> <p>Exclusive Management Group 5201 Blue Drive 8th Floor Miami, FL 33126</p>
--	---