

TIVOLI WOODS VILLAGE “B” – OAK CREST – HOMEOWNERS ASSOCIATION

ARCHITECTURAL REVIEW COMMITTEE

REQUEST FOR APPROVAL FORM

The attached form AND accompanying documentation MUST be submitted to the Architectural Review Committee for approval PRIOR to commencement of any work. Mail all documentation to:

Tivoli Woods Village “B” Oak Crest Homeowners Association, Inc.
c/o Sentry Management Inc.
2180 West State Road 434, Suite 5000
Longwood, FL 32779-5044

Steps to submit an ARC Request for Approval Form.

1. Read and understand all steps to completing Approval Form and complete.
2. Attach property survey or plot plan indicating location(s) of change(s), addition(s) or installation(s). Handwritten surveys or plot plans are not acceptable.
3. Color samples, material samples, plans, estimates, pictures, etc., if applicable must be attached.
4. The ARC will respond in writing within a 30 day review period. The ARC’s 30 day review period will not commence *until all required submissions have been provided by the homeowner.*
5. No work can begin until the ARC approves or denies the request.
6. All requests and alterations must conform to the City of Orlando and/or Orange County zoning and building regulations. The homeowner is required to obtain all necessary permits if request is approved.
7. The approved request is valid for 120 days from date of approval and all work must be completed within 120 days of commencement of work.

**Appendix A
Agreement for Self-Installed Fences**

Name (please print) _____

Address _____, Orlando, FL 32829

Type of fence for which you have applied:

- Wooden Shadowbox**
- Aluminum Picket**
- Steel Picket**
- Vinyl Shadowbox**
- Vinyl Panel (Tongue and Groove)**

I, the undersigned, have read understood and agree to comply with the current Oak Crest fence guidelines for the type of fence indicated above.

Homeowner Signature

Date

No fence, wall or hedge will be permitted which exceeds six (6) feet in height. No chain link fences shall ever be permitted.

**TIVOLI WOODS VILLAGE B
TO BE FULLY COMPLETED BY THE HOMEOWNER**

Name: _____ Lot#: _____

Property Address: _____

Mailing Address (if different): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email Address: _____

DETAILED DESCRIPTION OF CHANGE(S), INSTALLATION(S) OR ADDITION(S):

Estimated Start Date*: _____ Estimated Completion Date: _____
** Allow at least 30 days from the date of submission of ALL necessary documentation.*

SPECIFICATION(S):

Dimensions:

Color(s) (SAMPLE MUST BE ATTACHED): _____

Material(s) (SAMPLE MUST BE ATTACHED): _____

HOMEOWNER LIABILITY: I take full responsibility and am personally liable for any damage that might occur to any property as a result of, and during the completion of, this project.

HOMEOWNER SIGNATURE:

Date:

TO BE COMPLETED BY THE HOA AND ARC:

Received by HOA on: _____ Forwarded to ARC on: _____

[] APPROVED [] DENIED By: _____ Date: _____

ARC Comments:

Mailed to Property Owner On: