FOREST LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

Application for Architectural Approval

The association requires all changes or modifications to the exterior of your home or lot to be approved in writing by the Architectural Control Committee before such changes or modifications are made to the exterior of your home or lot. In order for your request to be considered, you must provide the information on this application form:

Date of application:	Owner Name(s):
Address:	Legal Description Lot #:
Phone Number(s):	
Please describe the improvements, mo	odifications or changes and the reason for this request:
7 i i i i i i i i i i i i i i i i i i i	vey, marked to show the size and exact location of the improvement, re requesting approval. Note: most owners received a survey when they
information that is available concerning	set of plans and specifications, any architectural drawings or other g your requests. If adequate information is not provided at the time of ole to consider approval of your application and such time as adequate
Indicate and/or provide samples of color	materials texture and styles of materials to be used

The following documents must be attached to your packet if you are using a Contractor:

A copy of the Contractor's License

A copy of the Contractor's Insurance Certificate

A copy of the Contractor's Workers Comp or Exemption Form

Please be advised that the committee is reviewing your application for location, appearance and conformity to Association documents and approval criteria. You are also required to submit your plans to the City for any required permits.

FOREST LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

By my (our) signature(s) below, I (we) declare services to be the sole owner(s) of the property described on the front of this application and attest that all of the information supplied is true and accurate, and I agree with, and will abide by the documents of the Association, the Architectural Guidelines of this Association as they shall be interpreted by the Architectural approval.

<u>OBLIGATIONS</u>: I (we) the sole owner(s) of the property described on the first page of this application agree to take full responsibility for and to bear the full cost of, immediate repairs or replacement of any and all item(s) on the property of the Association or the property of other that may be damages and/or destroyed, directly or indirectly, by the work anyone pursuant to this request, whether such damage is caused directly by the owner or indirectly by a contractor, agent, or employee of the owner.

<u>ACCESS</u>: I (we) the sole owner(s) of the property described on the first page of this application hereby acknowledge that member of, or agents for, the Board of Directors and/or the Architectural Control Committee shall have access pursuant to notice to the Property owner for the purpose of inspecting the work in progress and upon completion.

DISCLAIMER: I (we) the sole owner(s) of the property described on the first page of this application hereby acknowledge full and complete understanding that neither the Architectural Control Committee, nor the Board of Directors certifies compliance with any Building, Zoning, Health, Safety, of other codes or standards by its or their approval of any matter contemplated by this application and that additional approvals must be separately obtained, if applicable from all necessary agencies by the owner. Neither this Association nor its Officers, Directors, Architectural Committee or agents assume or shall have any liability for approval or disapproval or for death or injuries to person or property arising from construction or use of improvements or for loss to owners, economic or otherwise, arising from construction or use of said improvements.

Owner	Date:	
Owner	Date:	

Homeowner Association Documents allow thirty (30) days for the review process. Depending on the type of application and the date of submission, the Committee will endeavor to act on the application as expeditiously as possible.

Approvals are effective for ninety (90) days and work must be completed in a timely manner.

A few brief reminders: Work hours are 8:00 AM to 5:00 PM sharp. Be mindful of your neighbor's property, and privacy during this time. We would like to make you aware that workers cannot post signs, pass out flyers, or bussiness cards while working in the community. Please mention to them that they are not to cruise throughout the community. Thank you in advance for your cooperation.

INDEMNITY LETTER

(Unit O	wner Name)		
Date:			
To Whom It May Concern:			
ASSOCIATIONS, INC., from any and all liability,	rmless FOREST LAKE ESTATES HOMEOWNERS defense costs, including attorney fees and all other fees AKE ESTATES HOMEOWNERS ASSOCIATIONS, or judgments against it arising from the work.		
(Signature of Owner)	(Street Address)		
(Print Name of Owner)	(City, State, Zip		
ACKNOWI	LEDGEMENT		
STATE OF FLORIDA, COUNTY OF			
Before me personally appearedknown to me to be the person described in and who and before me thattherein expressed.	to me well known and executed the foregoing instrument, and acknowledged to executed said instrument for the purposes		
NOTARY PUBLIC – STATE OF FLORIDA	MY COMMISSION EXPIRES		

FOREST LAKE ESTATES HOMEOWNERS ASSOCIATION, INC. OFFICE USE ONLY

Date Received:	Owner Name(s):
Address:	Job Description:
	(Circle One)
	APPROVED / DENIED
COMMITTEE MEMBERS (2)	
Date:	
Print Name:	Signature:
Date:	
Print Name:	Signature:
Board Representatives (1)	
Date:	
Print Name:	Signature: