

**SHELTER COVE RESORT CONDOMINIUM INC.
REQUEST FOR ARCHITECTURAL APPROVAL
NO STRUCTURE OR CONSTRUCTION IS EXEMPT**

This request form is to be completed by the homeowner and submitted to the Board of Directors for approval. Revisions must be on a separate form. If you have questions, contact the person who gave the form to you or a member of the Board of Directors. **BEFORE** proposed work commences county permit **MUST** be acquired (if needed). You are responsible for all coordination that is necessary with Osceola County.

BE SURE TO CHECK WITH COUNTY BEFORE YOU BEGIN. There phone number is (407)742-0200

Please provide the following information

Today's date: _____

Homeowner's name: _____

Property address: _____

Phone (days): _____ (evenings): _____

Proposed improvement:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Satellite Dish | <input type="checkbox"/> Screen enclosure |
| <input type="checkbox"/> Shed | <input type="checkbox"/> Awning | <input type="checkbox"/> Florida Room |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Other: _____ | |

A drawing must be attached that shows existing Structures and location of the Improvement; with dimensions to Lot Lines and other Structures.

Specifications:

- Dimensions: _____
- Materials: _____
- Color: _____
- Contractor: _____
- Other: _____
- Please include: copy of insurance cert. and occupational license for contractor

Estimated beginning date: _____ Estimated completion date: _____

Owner's Signature: _____ Date: _____

BOARD USE ONLY:

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Approved: _____ Denied: _____ Conditional Approval: _____

Comments: _____

Mgmt Received: _____ Homeowner notified in person _____ mail _____

County Permit # _____ Date _____