Lake View HOA at Palm Coast

Architectural Review Committee Application

Name:	Telephone:		
Address:		E-Mail:	
Type of Submittal (Please Chec	k)		
New Construction*	[]	Addition*	[]
Pool Review*	[]	Fence	[]
Tree Removal	[]	Driveway/Walkway	[]
Landscaping	[]	Other	[]
Lighting	[]		
PROPOSED ALTERATIONS	NOTE: Samples n	nust be submitted with this	application.
Present Colors:		Proposed Changes:	
Primary:			
Trim:		-	
Shutters:		7	
Doors:			
Garage Doors:			
Roof (Type & Color)			
Fence:			
Pool: Size Enclosure Color		Deck:	
Porch/Lanai: SizeMateria		Roof & Color	
Other Changes:			
	No.:		
Contractor Name and Telephone		4	

*NOTE: Two copies of blueprints and a survey are required with this application.

Please forward this application and all attachments to:

Joe Pelella, 18 Lakeside Place East, joepel@verizon.net Direct:434-917-4589

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Architectural Review Committee Action

Name:	Telephone:
	E-Mail:
Date Received:	
Date Reviewed:	=
Approved:	Denied:
Comments/Suggestions:	
ARC Members - Please sign and d	late: