

# Architectural Review Application

The Oaks 400 Nut Tree Dr. DeLand Florida 32724  
Ph. 386-738-4272 Fax 386-738-2722



Date \_\_\_\_\_  
Address \_\_\_\_\_ Deland FL 32724  
Homeowners Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

## Description of Proposed Changes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach a copy of the footprint drawing showing the location of the proposed work in relation to home and/or lot. All materials, dimensions and finishes must be describe in detail. Color sample swatches are preferred when changing the exterior color on your home. Please allow up to thirty (30) days for this application to be processed.**

**\*Upon Approval of this application the Homeowner is responsible for ensuring the work will be completed to the specifications described. Any deviations from the approved materials, dimensions and finishes will be subject to further review and possible removal at homeowners expense.**

\_\_\_\_\_  
Homeowner Signature / Date

\_\_\_\_\_  
Homeowner Signature / Date

*Section below to be completed by Architectural Review Board Only*

DENIED     APPROVED as SUBMITTED     APPROVED with REQUIRED CHANGES (See Notes)

Application Review Notes/  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Architectural Review Board Signature / Date

\_\_\_\_\_  
Architectural Review Board Signature / Date

\_\_\_\_\_  
Architectural Review Board Signature / Date