

CLEARWATER HOMEOWNERS ASSOCIATION

ARCHITECTURAL REVIEW APPLICATION

Name of Applicant: _____

Property Address: _____

Phone Number: _____ Lot No: _____ Block No: _____

Description of Application: (Fence, deck, room addition, pool, landscaping, etc)

All ARB applications must be accompanied by the following items for a complete approval:
(check all that apply)

- ___ Surveyors property plat
- ___ Architectural drawings
- ___ List of materials to be used
- ___ Approval signature from neighbors

Proposed Start of Work (date): _____

Work duration (time): _____ days/weeks.

Name of Contractor (if known): _____

Applicant Signature: _____ Date: _____

Neighbor 1 Signature (left): _____ Date: _____

Neighbor 2 Signature (right): _____ Date: _____

Neighbor 3 Signature (behind): _____ Date: _____

ARB Signature: _____ Date: _____

HOA President Signature: _____ Date: _____