Talichet at Venezia North HOA, Inc. ARCHITECTURAL REVIEW APPLICATION

PLEASE COMPLETE AND RETURN THIS FORM TO THE ADDRESS BELOW. WORK MAY NOT COMMENCE UNTIL THE COMMITTEE PROVIDES A WRITTEN APPROVAL. SUBMIT VIA EMAIL TO CMPADMN@ASSOCIA.US, TOWNSQ APP, OR

MAIL TO: Talichet at Venezia North HOA

C/O ASSOCIA-COMMUNITY MANAGEMENT PROFESSIONALS
4901 VINELAND RD. SUITE 455
ORLANDO, FL 32811
PHONE 407 455-5950 FAX 407 903-9234

PROPERTY OWNER:			DATE:		
PROPERTY ADDRESS:					
MAILING ADDRESS (IF DIF	FERENT)				
PHONE:	Fax:		EMAIL:		
DESCRIBE THE ADDITION,	CHANGE OR INSTALLATIO	ON TO BE REVIEW	VED BY THE ARCHITECT	URAL REVIEW BOARD:	
[]LANDSCAPING	[]FENCE	(Please include detail and photo)			
[] EXTERIOR PAINT PLEASE PROVIDE PA	BASE_ INT NUMBERS AND SAI	TRIM MPLES	Garage/Doo)RS	
[]OTHER					
PLEASE PROVIDE PROJEC	T DETAILS				_
					_
			Owner Signature/L	Date	
ATTACH PAINT /ALL NECESSARY (ARE THE OWNER	A PROPERTY SURVEY COI COLOR SAMPLES, PLANS GOVERNMENTAL PERMIT 'S RESPONSIBILITY TO O ARE SUBJECT TO INSTALL	S, PHOTOS AS NE S REQUIRED AR OBTAIN THEM	EDED TO DESCRIBE MO E A CONDITION OF APP	DDIFICATION PROVAL AND	
	FOR USE I	BY ARCHITEC	TURAL REVIEW BO	4RD	
DATE RECEIVED	DATE TO ARB		DATE TO HOMEOW	/NER	
THE ARB'S DECISION ON	THE PLANS SUBMITTED IS	S AS FOLLOWS, S	SUPPORTING DOCUMENT	TATION MAY BE ATTACHI	ED TO THIS FORM:
[]APPROVED (MUST C	ONFORM TO ASSOCIATIOI	N COVENANTS &	RESTRICTIONS)		
[]PLANS INCOMPLETE,	INFORMATION REQUESTE	ED			
[] APPROVED WITH THE	E FOLLOWING CONDITION	I			
	N IT PLANS TO THE ARB W YOUR COOPERATION.	/ITHIN FOURT	EEN (14) DAYS OF REC	EIPT OF THIS NOTICE.	

TALICHET AT VENEZIA BOARD

DATE: _____