## <u>Highland Pointe HOA</u> Architectural Review Committee (ARC) Application

Name			_ Mail Applicatio	on to: Highland Pointe HOA 500 Orchid Springs Dri	
Property Address		<u> </u>		Winter Haven, FL 3388	
City	State	Zip			
Mailing Address					
Phone (s) Home	Work		Fax		
In accordance with Declaration of Co- installation must conform to this appro- following changes, alterations, renova	oval and the	Association's g	uidelines. I hereby		
() Fence () Swimming Pool () Lawi () Ext. Color () Landscaping					
Description:					
incomplete. If an application	n is incomple	ete, it delays yo	ur approval/denial	olor sample will be considered time. If we need to request more ication will be null and void.	:
I hereby understand and agree to the	following con	aditions:			
1. No work will begin until written a approval date to complete					
licensed contractor or mysel	f.			in a good workmanlike manner b	•
to other residents.					
4. I assume all liability and injury, which may result fro			nd all damages to o	other lots and/or common area or	
	he conduct of		ents, contractors, s	subcontractors and employees who	Э
6. I am responsible for comp	olying, with a rements in co			le federal, state and local laws, btain any necessary governmental	
	ition will mak			to 30 days. I will be notified in	
ALL HOMEOWNERS ARE RES				ND GUIDELINES OF THEIR URAL CHANGES.	
Signature of owner(s)				Date	-
	Do no	ot write below	this line		
This application is hereby: () Approv	ved () Di	sapproved Da	ate		

Comments