

APPLICATION FOR ARCHITECTURAL CONTROL COMMITTEE REVIEW

(Please Press Firmly)

Please **deliver or mail** this form with required plans and specification to:

ARCHITECTURAL CONTROL COMMITTEE

Watercrest at Parkland

8790 Watercrest Circle West

Parkland, FL 33076

**ALL PAGES MUST BE RECEIVED FOR PROCESSING
DO NOT FAX FORM**

Name of Owner(s):		
Street Address:		
Date:	Contact Phone:	Email Address:

Approval is hereby requested for the following modification(s), addition(s), and/or alterations as described below and on attached pages:

<input type="checkbox"/> Addition <input type="checkbox"/> Doors Identical <input type="checkbox"/> Doors New <input type="checkbox"/> Driveway New <input type="checkbox"/> Driveway Reseal Identical <input type="checkbox"/> Exterior Paint Color <input type="checkbox"/> Garage Door <input type="checkbox"/> Hurricane Shutters	<input type="checkbox"/> Landscaping <input type="checkbox"/> Other <input type="checkbox"/> Patio <input type="checkbox"/> Play Structure <input type="checkbox"/> Pool <input type="checkbox"/> Roof Identical <input type="checkbox"/> Roof Repair <input type="checkbox"/> Satellite 18" / Antenna	<input type="checkbox"/> Screening Identical <input type="checkbox"/> Screening / Enclosure New <input type="checkbox"/> Solar Collectors <input type="checkbox"/> Wall / Fence
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THIS IS A RE-SUBMITTAL Yes No

Additional Information: _____

Please Check the Appropriate Boxes:

<input type="checkbox"/> Initial Plans and/or Specifications Attached <input type="checkbox"/> Revised Plans and/or Specifications Attached <input type="checkbox"/> Drainage Surface Water Plan Attached <input type="checkbox"/> Grading Plan Attached <input type="checkbox"/> Tree Survey Attached <input type="checkbox"/> Lot Survey Attached	<input type="checkbox"/> Color Plans / Samples Attached <input type="checkbox"/> Materials Designation Plan / Samples Attached <input type="checkbox"/> Plans Sealed and Signed by Professional <input type="checkbox"/> Plans Signed by Owner <input type="checkbox"/> Proposed Improvement Contract Attached
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Time for Completion of Improvements:	Anticipated Commencement Date:
Owner's Signature:	Owner's Signature:

(For ACC Use Only)

<p><u>Subdivision</u></p> <p>Date Application Received <input type="checkbox"/> Approved</p> <p>_____ <input type="checkbox"/> Disapproved</p> <p>_____ <input type="checkbox"/> Conditionally Approved</p> <p>Signature of Sub-Division <input type="checkbox"/> Insufficient Information</p>	<p><u>Master ACC</u></p> <p>Date Application Received <input type="checkbox"/> Approved</p> <p>_____ <input type="checkbox"/> Disapproved</p> <p>_____ <input type="checkbox"/> Conditionally Approved</p> <p>Signature of Master ACC <input type="checkbox"/> Insufficient Information</p>
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Your approval is subject to the following:

1. You are responsible for obtaining any necessary permits from the appropriate Building and Zoning Department(s).
2. Access to areas of construction are only to be allowed through your property, and you are responsible for any damages done to the Common Areas during construction.
3. Deposit of \$1,500 due upon ARC submittal and will be held for any incidentals/damages. Check payable to Watercrest. Refund of deposit will be after ACC committee inspects the finalized project for any damages. Refund check can take 10-15 business days.

Explanation of Disapproval: _____
