

## Design Review Application for Exterior Paint

In accordance with Article I X, Section 1 of the community's Declaration of Covenants and Restrictions, a *Design Review Application* form shall be used for design review of all Requests for Alterations. All forms and paperwork shall be submitted to our Property Management firm for processing and delivery to the ACC.

I/We hereby acknowledge and agree that I/We will be solely responsible for determining whether the additions, improvements or alterations described herein comply with all applicable laws, rules, regulations, codes and ordinances. I/We will assume all liability for any damage incurred as a result of this alteration. Proper permits shall be obtained as may be required. The owner assumes all responsibility and cost for any future maintenance.

**The ACC meets the first week of each month. Ensure all paperwork arrives at Property Manager's office 7 days prior to the meeting.**

Step 1

**PLEASE PRINT**

Name: \_\_\_\_\_ Lot # \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (FAX) \_\_\_\_\_

Email: \_\_\_\_\_

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Step 2

**Homeowner to complete all sections being painted. Review CPHOA Paint Palette booklet and Paint FACTsheet.**

|                               | Color Name/Code | Finish/Sheen | Brand |
|-------------------------------|-----------------|--------------|-------|
| 1.                            |                 |              |       |
| 2. Trim:                      | _____           |              |       |
| 3. Garage Door:               | _____           |              |       |
| 4. Front Entry Door:          | _____           |              |       |
| 5. Windows Shutters:          | _____           |              |       |
| 6. Roof Fascia/Soffit/Gutter: | <u>white</u>    |              |       |

**Attach paint cards/samples.**

**Projected Start Date:** \_\_\_\_\_ **Projected Completion Date:** \_\_\_\_\_

Step 3

**Mail to:** Crescent Park Homeowners Association, Inc.  
c/o Hara Management, Inc.  
760 Florida Central Pkwy., Suite 200  
Longwood, FL 32750

**Email to:** April Self, LCAM  
[aprilself.hmi@gmail.com](mailto:aprilself.hmi@gmail.com)  
Phone: 407-628-1086  
Ext 104

**Property Mgmt. Receipt Stamp**

Step 4

**ACC Review Status:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Approved with Conditions \* \*** \_\_\_\_\_ **Denied with Reasons\*\***

**\*\* Conditions or Reasons** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACC** \_\_\_\_\_ **Date** \_\_\_\_\_ **PM** \_\_\_\_\_  
Signature Initials