

Design Review Application for Exterior Changes and Additions

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

Common changes that require approval:

- | | | |
|--|--|---------------------------------------|
| ☐ Changes and additions to the exterior | ☐ Screen Enclosure | ☐ Walkways |
| ☐ Pool, Spa, Heat Pump | ☐ Lighting/Light Fixtures | ☐ Solar Panels |
| ☐ Landscape | ☐ Re-Roof | ☐ Other: _____ |
| ☐ Fence | ☐ Deck | |

If not listed refer to ACC Guidelines

Attach appropriate documentation and support materials, such as

- | | |
|---|---|
| ☐ Complete Design Sketch or workup | ☐ Copy of Blue Prints |
| ☐ Site Plan | ☐ Photos |
| ☐ Property Survey | ☐ Material Sample/Brochure |
| ☐ Paint/Color Sample | ☐ Copy of Estimate |

You are responsible to obtain all necessary City and County Permits. And must have ACC approved application to obtain.

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 212
Longwood, FL 32750

Email to: Lorie Fulkes, LCAM, CMCA
lorie@hmi-c1a.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