

**Wyndwood at Lake Highlands Homeowners Association
REQUEST FOR ARCHITECTURAL REVIEW BOARD APPROVAL**

ADDRESS		PHONE :
OWNER'S NAME		PHONE :

(PLEASE CHECK APPROPRIATE BOXES)

REQUEST FOR	ADDITION	MODIFICATION TO	REMOVAL OF
<input type="checkbox"/>	ARCHITECTURE: Plans, Plat and materials list are REQUIRED.		
<input type="checkbox"/>	LANDSCAPING: Sketch is REQUIRED showing change(s) and types of plants, pavers, etc. to be used.		

Owner Assurances: I understand and agree:

That ARB approval does not constitute any representation or warranty of the quality of work performed;
 That I am solely responsible for determining that the contractor's performance is satisfactory;
 That **PRIOR TO WORK COMMENCING**, I must submit proof of every contractor(s) license and insurance to **SENTRY MANAGEMENT, INC.**;
 That I am solely responsible for compliance with ALL APPLICABLE GOVERNMENT REQUIREMENTS including, but not limited to Permits, Inspections, and Building Codes;
 That this request will be disapproved if submitted without the required documentation;
 That I, the undersigned owner(s) or owner's legal representative¹, accept the responsibility for any and all structural or other damage resulting from work done on or at my property. I also understand that this responsibility transfers to all subsequent owners upon the sale or transfer of this property.

DATE:	SIGNATURE:
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FORM MUST BE SIGNED

Describe Addition/Modification/Removal:	
	No. of additional sheets attached

ARB USE ONLY	DATE:
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED for insufficient documentation
<input type="checkbox"/> APPROVED WITH THE FOLLOWING CONDITIONS:	
ARB SIGNATURES:	

Submit to: Sentry Management, Inc.
 1645 E. Highway 50, #201
 Clermont, FL 34711-5124
 Phone: 352-243-4595 Fax: 352-243-4597
 jarroyo@sentrymgt.com

OFFICE USE ONLY	DATE RECEIVED:	DATE SENT TO ARB:
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¹ LESSEES MUST PROVIDE NOTORIZED OWNER'S SIGNATURE OR A POWER OF ATTORNEY