



ARCHITECTURAL REVIEW BOARD (ARB)
CHANGE REQUEST APPLICATION

OWNER'S NAME: _____ DATE: _____

PROPERTY ADDRESS: _____ BUILDING: _____ UNIT: _____

OWNER'S CONTACT INFORMATION: _____
Primary Phone # Email

OWNER SIGNATURE _____ PRINTED NAME _____

NAME OF CONTRACTOR _____ CONTRACTOR PHONE OR EMAIL _____

Contact the Lakeside Office BEFORE signing a proposal or making a deposit to your selected Contractor.

Submit completed form to the Office for approval, along with project plans, drawings, specifications, samples, color photo's (if required), and Licensure & Insurance documents.

DESCRIPTION OF PROPOSED PROJECT

[Empty box for project description]

- All exterior finishes must be 'like to like' within the Association for design and color uniformity.
- Roof and Flooring replacements require specific products to be used; Owens-Corning Weatherlock, Peel & Stick, Duration shingles – Neutral Amber
- All trim or window frames must be finished in white; windows must have white grids and frames visible from the outside. Storm shutters & panels must be finished in white.
- Lanai enclosures must be structured with the screen re-mounted on the outside as originally designed.
- Lakeside Management must receive current Florida Licensure, Liability Insurance-including Workman's Compensation.
- If approval is denied, the owner will have thirty (30) calendar days to appeal in writing to the Master Board. An Architectural Review Board meeting will be held, with the Owner, to discuss and vote on outcome.

No construction work is permitted in Lakeside on Sunday.

Authorized Representative Approval _____ Title _____ Date _____