

**ARCHITECTURAL REVIEW APPLICATION**

**MAYFAIR OAKS OF SEMINOLE HOMEOWNERS ASSOCIATION, INC.**

**This form is to be completed by the homeowner and submitted to the ARB Committee for approval prior to commencement of any work. All contact information is needed on the ARB form. Please print and sign the application. Not submitting the proper forms and all supporting information will delay the process.** Requests and alterations must conform to all local Zoning and Building Regulations. If your request is approved, you are responsible for obtaining the required permits. If your request is denied by the ARB, you may appeal to the Board of Directors for further review. If all required materials or information is not included with this form at the time of submission, the time period does not apply for approval/disapproval. Please allow thirty (30) days upon receipt of a complete application for a decision from the ARB. Thirty days starts when the application is submitted with all required information.

Homeowner's Name: \_\_\_\_\_ Lot #: \_\_\_\_\_

Mailing Address (If different from Property Address): \_\_\_\_\_

Resident's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_ Day \_\_\_\_\_ Night \_\_\_\_\_

Someone from the Committee or Management Company may contact you for additional information.

*By signing below, I/We understand the modification cannot begin before receiving approval from the ARB. Furthermore, I/A/e assume all liability for any damage incurred as a result of this modification as well as any additional maintenance costs that may be incurred. I/We also agree to obtain any permits that may be required by any and all governmental agencies for this modification.*

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
*(Sign or type name)*

Contractor/Painter/Architect: \_\_\_\_\_ Phone: \_\_\_\_\_

ALL APPLICATIONS SHOULD INCLUDE: 1. All contact information. 2. Project summary. 3. Samples of stain, tile, fencing material, pavers, architectural tile, etc. If the samples are not available to you a brochure from the company may suffice. 4. A copy of plat survey or a drawing of the plat showing measurements. The plat should show the changes you would like to make. 5. If you are using a contractor, painter or architect, they should be licensed and insured.

**PURPOSE OF APPLICATION:** (Check appropriate items and include all necessary information.)

- |                  |                      |                  |
|------------------|----------------------|------------------|
| Fence Plan       | Pool                 | Tree Removal     |
| Landscaping Plan | Construction Project | Roof Replacement |

Exterior Painting- Color Selections should be selected from the approved Mayfair Oaks Color Book, and is available at Bono & Associates Management Company, 640 E. State Road 434, Suite 3000, Longwood, FL 32750 and Sherwin Williams, located at 3005 W Lake Mary Blvd #102, Lake Mary, FL 32746 , or by calling 407-321-2477.

Scheme # \_\_\_\_\_ Body/Garage: \_\_\_\_\_ Trim \_\_\_\_\_ Door \_\_\_\_\_

OTHER (Please specify): \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE ARCHITECTURAL REVIEW BOARD**

Approved: \_\_\_\_\_  
Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Disapproved: \_\_\_\_\_  
Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**COMMENTS BY ARB**

Please mail completed application to:  
**Mayfair Oaks of Seminole Homeowners Association,**  
c/o Bono & Associates, 640 E. State Road 434, Suite 3000, Longwood, FL 32750

**PLEASE NOTE APPROVAL OF APPLICATION IS ONLY VALID FOR 6 MONTHS AFTER THE APPROVAL DATE. ANY APPROVED WORK NOT COMPLETED WITHIN 6 MONTHS WILL REQUIRE SUBMISSION & APPROVAL OF A NEW APPLICATION.**