



**ARBOR LANDING**  
**EXTERIOR ALTERATION APPLICATION**

For ARC Use	
Date Received:	_____ / _____ / _____
Approved:	<input type="checkbox"/> As Submitted
	<input type="checkbox"/> Conditionally (see page 2)
Disapproved:	<input type="checkbox"/> (see page 2)
Date of ARC Action:	_____ / _____ / _____

*(Please submit completed application to the ALHOA Office.)*

\_\_\_\_\_  
OWNER - LAST NAME, First Name

\_\_\_\_\_  
ADDRESS OF PROPERTY TO BE ALTERED

\_\_\_\_\_  
OWNER MAILING ADDRESS *(if different)*

\_\_\_\_\_  
OWNER CELL PHONE NO.

\_\_\_\_\_  
OWNER HOME PHONE NO.

\_\_\_\_\_  
OWNER E-MAIL ADDRESS

Complete the following if work is to be done by a third party:

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
BUSINESS CONTACT

\_\_\_\_\_  
WORK PHONE

**DESCRIPTION OF ALTERATION**

Describe in detail the proposed alterations to your property, using additional pages if needed. Please include all information required by the Arbor Landing Architectural Standards and the Declaration. Illustrate the location of proposed changes on an attached copy of your plat. If you wish to change any existing colors, samples of the new colors must be attached to this application. The property owner is responsible for obtaining all county approvals and meeting all applicable building codes.

**ACKNOWLEDGEMENT OF ADJACENT OWNERS**

Show this completed application to the adjacent owners who would be most affected by the proposed alteration. Two signatures are required.

Your signature below shows only that you are aware of this application. **It does not mean that you approve of the project.** If you disapprove or wish to discuss the proposal, please call the Community Administrator at 751-0976.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature / Date

\_\_\_\_\_  
Signature / Date

**OWNER’S AGREEMENT:**

This application accurately represents the alteration(s) I propose. I understand that approval of this application does not authorize me to violate any provisions of the Declaration, Architectural Standards, county or state codes, or violate any zoning, easement, or right-of-way requirements. I understand and agree that any work undertaken prior to receipt of the ARC’s approval is at my own risk, and that I may be required to return the property to its former condition at my own expense should this application be disapproved wholly or in part and I may in addition be liable for fines imposed by the association. ARC representatives are permitted to enter my property at any reasonable time in order to inspect the area of the proposed project, the project in progress, or the completed project. Such entry does not constitute trespass. I understand that work must be completed in a workmanlike manner as soon as possible after the ARC’s approval and that the improvement(s) must be built on my property only.

\_\_\_\_\_  
OWNER

\_\_\_\_\_  
DATE

**ARCHITECTURAL REVIEW COMMITTEE (ARC) REVIEW:**

The ARC may take up to 30 days for review. If additional information is required, processing time may be extended. If you disagree with the decision of the ARC, you have the write to request an appeal hearing before the Board of Directors. If you have any questions, please contact the Community Administrator at 751-0976 or [arborlanding@comcast.net](mailto:arborlanding@comcast.net).

-----FOR ARC USE-----