

FILE # _____

Eagle Landing Architectural Application

Resident Name: _____

Unit Address: _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____

Please check the Architectural change you are proposing, attach the requested documentation, and return to the management office.

<p>_____ Repainting Residence: Paint Combo Reference # _____</p> <p>Body _____ SW# _____ Trim _____ SW # _____</p> <p>Front Door Color _____</p> <p>Garage Door Color _____</p> <p>Driveway Color / Material _____</p> <p>Color choice must be from the Eagle Landing Paint Palette. Please attach a photo of the home that includes the roof and driveway.</p>

<p>_____ Roof Replacement: Manufacturer: _____</p> <p>Profile: _____ Color: _____</p> <p>Include a photo showing the proposed tile color and a photo of the exterior of the home. The roof tile color must be on the Coral Springs approved tile list. Flat roof tiles are not permitted.</p>
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<p>_____ Window Replacement or Window Shutter _____</p> <p>Manufacturer: _____ Color: _____</p> <p>Include window/shutter photos from the manufacturer and a plot plan illustrating the proposed location of the new windows/shutters.</p>

<p>_____ Fence:</p> <p>Color: White _____ Bronze _____ Black _____</p> <p>Please include a survey indicating the proposed placement of the fence and a photo of the proposed fence material. Please note that fences must be made of aluminum, cannot exceed 4 feet in height, must be set back from the property line, and hedges must be installed to hide the fence from the view of any other property or the street. _____ <i>Initial</i></p>
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_____ Tree Removal:

Reason for removal: _____

Please include a survey showing the location of the tree along with pictures of the tree and any damage making the removal necessary. The application must include an approved tree removal permit from Coral Springs. All street trees must be replaced with a Class 1 Florida Live Oak, 10-12 ft or greater in height.

_____ Other Project:

Specify type of project: _____

Specify type of materials to be used and provide photos or plans:

Please be aware that the ARC application must be approved *before any work is started*. The ARC Committee will only review completed applications that include all of the information necessary for them to reach a decision.

PLEASE ALLOW UP TO 30 DAYS FOR APPROVAL.

ARC approval is valid for 90 days. If the project is delayed or the scope of work changes a new application will be required.

I hereby submit this application to the Eagle Trace Landing ARC Committee/Board of Directors for review. I acknowledge that the ARC Committee/Board of Directors has the right to approve or deny any application based on their judgment. I agree to abide by their decision.

Signature of Owner _____ Date _____

FOR COMMITTEE USE ONLY: Meeting Date _____

_____ **APPROVE** **NOT APPROVED**

_____ **APPROVE** **NOT APPROVED**

_____ **APPROVE** **NOT APPROVED**

CONDITIONS: _____
