

FILE # _____

Georgetown At Eagle Trace 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.

_____ Repainting Residence:

Body _____ Sherwin Williams # _____

Trim _____ Sherwin Williams # _____

Front Door Color: _____

Garage Door Color: _____

Driveway Color: Siberian Haze

Body/Trim color choice must be from the Georgetown Paint Palette. Front door color must coordinate with house and roof color.

Georgetown does not endorse or promote any paint company. You may purchase your paint anywhere as long as the color you purchase matches the paint chips shown on the color chart.

_____ Roof Replacement:

Manufacturer: Boral Roofing

Profile: Plantation Slate Like

Color: Coconut with White Antique

_____ Window Replacement or Hurricane Shutters _____

Type: Accordion: _____ or Roll Down: _____ Color: _____

Include window/shutter photos from the manufacturer and a plot plan illustrating the proposed location of the new windows/shutters.

_____ 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 Board 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 Georgetown Board of Directors for review. I acknowledge that the Board of Directors has the right to approve or deny any application based on their judgment. I agree to abide by the decision of the Board.

Signature of Owner _____ Date _____

FOR COMMITTEE USE ONLY: Meeting Date _____

_____ APPROVE

_____ DENIED

_____ APPROVE

_____ DENIED

_____ APPROVE

_____ DENIED

CONDITIONS: _____
