

# Stonegate Community Association

stonegate@aiduscommunities.com

DATE: \_\_\_\_\_

Is this application a re-submittal of a previous application?  
Yes / No (circle one)

The undersigned owner seeks approval of the Board as follows (circle all that apply):

Pool/Spa	Screen Enclosure	Solar Heating Panels	Landscaping	Satellite Dish	Fence
Painting(Must Provide Color Swatches)	Storm Shutters			New Construction	Other

Narrative Description of Additions/Alterations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Continue on Additional Sheet if Necessary)*

INCLUDED (please circle all that apply):

Copy of Official Lot Survey (Required)	Specifications for Alteration	Color Swatches	Material Sample
Brochures	Photographs	Drawings	

**Note: A LOT SURVEY MUST BE SUBMITTED WITH THE APPLICATION. THE IMPROVEMENT MUST BE SHOWN ON THE SURVEY. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE HOMEOWNER.**

The undersigned property owner hereby acknowledges and agrees that the undersigned shall be solely responsible for determining whether the improvements, alterations or additions described herein comply with all applicable laws, rules and regulations, code, and ordinances: including, without limitation, zoning ordinances, subdivision regulations, and building codes. The ARB shall have no liability or obligation to determine whether such improvements, alterations and additions comply with any such laws, rules, regulations, codes or ordinances.

**SIGNATURE OF OWNER** \_\_\_\_\_

PRINTED \_\_\_\_\_

NAME \_\_\_\_\_

STREET \_\_\_\_\_

ADDRESS \_\_\_\_\_

LOT & BLOCK NUMBERS \_\_\_\_\_ TELEPHONE (H) \_\_\_\_\_ (B) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

- **If you are installing a fence, please notify your neighbors of your intention.**
- **Deadline for submission is the 1<sup>st</sup> of each month.**
- **PLEASE ALLOW UP TO 30 DAYS TO RECEIVE AN APPROVAL FROM THE ARCHITECTURAL REVIEW BOARD**

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## ACTION OF THE BOARD

\_\_\_\_\_ RECOMMEND APPROVAL WITH CONDITIONS: \_\_\_\_\_

\_\_\_\_\_ REQUEST DENIED FOR THE FOLLOWING REASON: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE

\_\_\_\_\_  
CHAIRPERSON, Architectural Review Board or  
Association Manager