

**CROWN POINT SPRINGS HOA, INC.**  
**ARCHITECTURAL REVIEW BOARD APPLICATION**

This application is to be completed by the homeowner and submitted to the Architectural Review Board (ARB) for approval **BEFORE** any work commences. Please refer to your Declaration of Covenants and Restrictions of the ARB and it's purpose. Please send this and all information concerning your request to:

**Vista Community Association Management**  
**P.O. Box 162147**  
**Altamonte Springs, FL 32716-2147**  
**Phone 407/682-3443 FAX 407/682-0181**

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**THIS SECTION TO BE COMPLETED BY THE HOMEOWNER (PLEASE PRINT CLEARLY)**

Name: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**DESCRIBE THE CHANGES/ ADDITION/ INSTALLATION: (i.e. fence installation, repair exterior, screen enclosure, room addition, etc.) If you need more room, please add additional papers.**

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**LOCATION: (ATTACH A COPY OF YOUR PLOT PLAN OR SUITABLE DIAGRAM SHOWING WHERE ADDITION OR WORK IS TO BE DONE.)**

**SPECIFICATIONS: ATTACH COPIES OF PLANS, ESTIMATES OR PICTURES OF THE FOLLOWING:**

**DIMENSIONS:** \_\_\_\_\_

**MATERIALS:** \_\_\_\_\_

**COLOR (S):** \_\_\_\_\_

**NOTE:** All requests must conform to all local zoning and building regulations and you must obtain all necessary permits if your request is approved by the ARB.

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

Plans Reviewed By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved YES / NO

COMMENTS: \_\_\_\_\_

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Site Inspected By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Final Inspection: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_