

**Oak Island Harbor Community Owners' Association
Request for Architectural Change**

This request form is to be completed by the homeowner and submitted for approval **prior to any work commencing**.^{*} Any samples attached will NOT be returned. Mail or fax the completed form to:

**Oak Island Harbor Community Owners' Association
c/o AMG
101 Park Place Blvd., Ste. 2
Kissimmee, FL 34741
Fax: (407) 931-1186**

If you have any questions concerning this application, please refer to your Declarations of Covenants and Restrictions, or contact AMG via phone at (407) 847-9950, ext. 305 or via e-mail at leslieamg@embarqmail.com.

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

******ANY CHANGE IN PLANS ORIGINALLY SUBMITTED REQUIRE A NEW ARC & NEW PLAN TO BE APPROVED BY ARB COMMITTEE.******

TO BE COMPLETED BY HOMEOWNER

Name:	
Address:	Lot No:
Phone:	EMAIL:
Describe the change (i.e. porch, enclosure, etc.):	
Location - Attach a copy of lot survey or plan showing location of addition.	
Specifications - Attach a copy of plans, and describe the following:	
Dimensions:	
Materials:	
Color: (Attach color samples)	
Liability: <i>I take full responsibility and am personally liable for any damage that may occur to Oak Island Harbor Community Owners' Association property during the completion of this project.</i>	
Signature:	Date:

TO BE COMPLETED BY ARCHITECTURAL REVIEW BOARD

Date Received:	Date Forwarded to ARB:
Architectural Review Board Decision:	<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied
<u>ARB Members' Signatures</u>	<u>Date</u>
1.	
2.	
3.	
Comments:	
Date Decision Communicated to Owner:	