



EXTERIOR IMPROVEMENT APPROVAL FORM
Sabal Point Community Services Association, Inc.

Date Received by SPCSA:

Instructions: Please complete Sections 1, 2, & 3; attach any supporting drawings or information.

- All requests for additions must have a Lot survey attached, marked with intended locations.
- For painting & roofing approvals, please attach paint chips and/or shingle samples with the chosen colors clearly marked (larger samples may be requested).

Applications will be responded to within 31 days of the date of Architectural Review Committee (ARC) receipt. If you have any questions please contact Dorothy Dodson at **Sentry Management Inc.** at (407) 788-6700, ext 314.

Section 1: Name and Addresses

Name: _____ Phone number(s): _____

Property Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Section 2: Change Description (include all dimensions, materials, colors, finishes, location, etc.)

Expected Start Date: _____ **Projected Completion Date:** _____

Section 3: Request For Approval

“I request approval to make the changes described herein. I understand that some types of work require County permits, and I will obtain all necessary permits prior to starting the work.”

Signed

Date

Section 4: SPCSA /ARC USE ONLY

- Approved
- Approved .subject to the following:
- Denied .comments:

Signed (SPCSA / ARC)

Date

Please submit this form and all required attachments to: **Sabal Point Community Services Association**
c/o Sentry Management
2180 West SR 434 Suite 5000
Longwood, FL 32779