

**CHELSEA RIDGE HOMEOWNERS ASSOCIATION , INC.**  
**Request for Architectural Change**

This form and any accompanying documentation **MUST** be delivered or mailed to the ARB for approval at the following address **PRIOR** to commencement of any work:

**Chelsea Ridge Homeowners Association, c/o Sentry Management Inc., 2180 West State Road 434, Suite 5000, Longwood, Florida 32779-5044 Fax: 407-788-7488**

**\*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. If you have any questions regarding this form, please refer to the Chelsea Ridge ARB Request Form Instructions (attached), or your copy of the Declaration of Covenants, Conditions, Easements and Restrictions for Chelsea Ridge; or contact Sentry Management, Diane Hilt, at 407-788-6700 ext. 246 or e-mail dhilt@sentrymgt.com.

**TO BE COMPLETED BY PROPERTY OWNER:**

Name: \_\_\_\_\_ Lot # \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**DETAILED DESCRIPTION OF CHANGE(S), INSTALLATION(S) OR ADDITION(S):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Duration: Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_

**SPECIFICATION(S):**

Dimensions: \_\_\_\_\_

Color(s) (MUST attach sample chips): \_\_\_\_\_

Material(s): \_\_\_\_\_

***Attach property survey or plot plan that indicates location(s) of change(s), additions(s) or installation(s) along with copies of plans, estimates, pictures, etc. (as applicable).***

LIABILITY: I take full responsibility and am personally liable for any damage that might occur to any property as a result of, and during the completion of, this project.

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

**TO BE COMPLETED BY THE HOA AND ARB:**

Received by HOA on: \_\_\_\_\_ Forwarded to: \_\_\_\_\_ On: \_\_\_\_\_

[ ] APPROVED [ ] CONDITIONAL [ ] DENIED By: \_\_\_\_\_ Date: \_\_\_\_\_

[ ] APPROVED [ ] CONDITIONAL [ ] DENIED By: \_\_\_\_\_ Date: \_\_\_\_\_

ARB Comments: \_\_\_\_\_

\_\_\_\_\_