## ARCHITECTURAL CONTROL REQUEST FORM Please complete and return to an ACC member or to:

Sunrise Oaks PUD HOA, Inc. c/o South Atlantic Communities 5889 S. Williams Blvd., Suite 1301 Port Orange, FL 32128

Date	_	Lot #	
Owner Name(s)			
Phone	e-n	e-mail	
	to submit an applica		or to any alteration or modification to their ants and Restriction of Sunrise Oaks PUD.
		to make sure it will be compatible. S from the city before approval	ole with the existing look of the neighborhood can be given by the ACC.
	c. as deemed necess		quest; plans, drawing, color, manufacturer, formation you have so the ACC can make a
Please use a separat	e ACC form	for each request:	
Patio/pool end	closure	Fence	Wall
		Patio	
	_	ndition/Heater Unit	
Solar	Roof _	Window	Exterior Door
	Otl	her project (Please sp	pecify in Detail)
Specifications/Samp	oles enclosed	l/attachedY	es No
-	plans, brochur	e, picture, elevation surv	vey or other such information:
Contractor's Name			
Phone #	e	-mail	
The ACC has up to	30 days to re	espond to your reques	st
ACC Members:	so days to re		e and Initial
Y/N Y/N		Circic	
Date			Accept/Reject
Comment:			