

Horizon PUD
5889 S. Williamson Blvd. ~ Suite 1301
Port Orange, FL 32128
386-236-0474
Nancy@sac-cam.com

ARCHITECTURAL REVIEW COMMITTEE APPLICATION

DATE: _____ NAME: _____

ADDRESS: _____

PHONE: DAY - _____ EVENING - _____

MOBILE - _____

Describe the work to be done, type of materials and colors to be used for the new structure. (If applicable, please attach survey, landscaping plan, elevation, etc.) The reverse side of this application may be used for sketches.

CONTRACTOR NAME: _____ PHONE NR: _____

IMPORTANT NOTICE: Prior to starting your project, you must obtain Architectural Review Committee Approval, and then obtain any and all necessary permits required by the appropriate municipality.

DO NOT WRITE IN THIS SPACE

On this _____ day of _____, 20____, the Architectural Review Committee reviewed the above application.

The Committee Approved said application subject to the following conditions:

The Committee Disapproved said application due to the following:

SIGNED: _____ DATE: _____