

# ARCHITECTURAL GUIDELINES

## ARCHITECTURAL REQUEST FOR APPROVAL OR INFORMATION FORM:

PAGE 1 to be completed by Owner

### FAIRVIEW PROPERTY OWNERS ASSOCIATION INC. ARCHITECTURAL REQUEST FOR APPROVAL OR INFORMATION FORM

PLEASE CHECK ONE: REQUEST FOR INFORMATION: _____ REQUEST FOR APPROVAL: _____	REQUEST # TO BE ASSIGNED BY FAIRVIEW POA
------------------------------------------------------------------------------------	---------------------------------------------

HOMEOWNER	
ADDRESS	
TELEPHONE ( ) _____ - _____	EMAIL

CONTRACTOR NAME (If known)	
CONTACT (optional)	
ADDRESS (optional)	
TELEPHONE (optional) ( ) _____ - _____	EMAIL

REQUEST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_ No. of Attachments: \_\_\_\_\_

APPLICATION HAS BEEN: APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ ADDITIONAL INFO REQUIRED: \_\_\_\_\_  
See Page 2 for the Architectural Review Committee signed Decision for Approval or Denial.

\_\_\_\_\_  
Homeowner's Signature Date

Before a project is started, this Application must be approved by the ARC. If it is conditional, additional information is required. The owner or contractor must submit the required information to the Architectural Review Committee for approval.

**PLEASE NOTE: Approval does not waive permitting requirements by any governmental authority.**

Please mail/email all paperwork to: Communities First Association Management LLC  
PO Box 6183, Sun City Center, FL 33571

If you have any questions, please contact:  
The Fairview Property Manager at  
info@CFFirstAM.com or 813 333-1047

FOR INTERNAL USE ONLY:	
DATE REQUEST RECEIVED	DATE SENT TO ARC
DATE MET WITH HOMEOWNER (OPTIONAL)	DATE APPROVED, DENIED, OR REQUEST COMPLETED
DATE SENT TO HOMEOWNER FOR ADDITIONAL INFO	DATE RECEIVED INFO BACK FROM HOMEOWNER