

Bellalago Community Homeowners Association, Inc.

APPLICATION FOR ARCHITECTURAL MODIFICATION

Please mail or email completed application to: ARCHITECTURAL REVIEW COMMITTEE Bellalago & Isles of Bellalago Community Association Inc. 1200 Lago Vista Court Kissimmee, FL 34746

ogonzalez@evergreen-lm.com Telephone #877-221-6919

This is a request form to be completed by the homeowner and submitted to the Architectural Review Committee for approval

		uments and Design Guidelines for mpleted application is received in a	
Name of Owner (s):		Phone number:	
Street Address:			
Date:	Email Address	Email Address:	
Approval is hereby requested for pages: (Check applicable box and	=	dition(s) and/or alterations as des	scribed below and on attached
Screen In Lanai Roof Tiles	Water/Gas Tank Solar Installation	Additions Pool/Spa Hurricane Shutters	Landscaping Alterations Walkway/Driveway Patio/Pavers Doors Misc/Other
 Location: Attach a copy of lines. This document shows the Access to area of construenceded on neighboring process. 	of the plot plan/survey showing vould be in your closing document uction is only allowed through your operties, please check with you	r providing service (Color samples where the addition is located relation, or a copy can be obtained from ur property, and you are responsible and the appropriate Building and	ive to the home and the propert the property appraiser's office. ble for any damages. If access is any work.
Owner(s) Signature:		Date Signed:	
		Estimated Date of Completion:	