

ARCHITCTURAL REVIEW

Lake Jessamine Estates Phase 2 Architectural Review Committee
C/o All Coast Realty Management, LLC
8000 S Orange Ave, Ste 201 Orlando, FL. 32809
Phone: 407-668-4104 Fax: 407-855-5376

Owner's Name: _____

Mailing Address If You Have an Alternate Address: _____

Address Where Work Will be Performed: _____

Property Description Lot: _____

Signature: _____ Phone Day: _____ Night: _____

NOTE: THIS FORM WILL BE MAILED BACK TO THE PROPERTY OWNER. THE FOLLOWING ITEMS NEED TO BE SUBMITTED INDUPLICATE, ALONG WITH THIS FORM: 1.) PLOT PLAN SHOWING LOCATION OF MODIFICATION; 2.) DRAWING AND COLOR SAMPLES; 3.) ONCE APPLICATION IS APPROVED AND DATED, WORK MUST BE COMPLETED WITHIN 90 DAYS OR A NEW APPLICATION MUST BE SUBMITTED.

Please complete the following if applicable:

Contractor: _____ Architect: _____

Phone: _____ Phone: _____

Purpose of application: Check appropriate item(s)

- _____ Exterior Color Selections (attach color samples; Denote body, trim & roof colors)
- _____ Pool (Detail color of any screen enclosure and detail how pool equipment will be screened from view)
- _____ Fence Plan (Detail style, material, size of fence. Include survey detailing location of the fence)
- _____ Landscaping Plan
- _____ Construction project such as screen room or room addition. Colors and materials must be detailed.
- _____ Installation of new roof. Must provide sample of shingle, color of shingle and permit.
- _____ Other _____

NOTICE

"THESE PLANS HAVE BEEN REVIEWED FOR THE LIMITED PURPOSE OF DETERMINING THE AESTHETIC COMPATIBILITY OF THE DESIGN PLANS OF THE COMMUNITY. THESE PALNS ARE REVIEWED ON THAT LIMITED BASIS. VIEW HAS BEEN MADE WITH RESPECT TO THE FUNCTIONABILITY, SAFETY, COMPLIANCE WITH GOVERNMENTAL REGULATIONS, OR OTHERWISE AND NO RELIANCE ON THIS APPROVAL SHOULD BE BY ANY PARTY WITH RESPECT TO ANY SUCH MATTERS. THE UMNDERSIGNED EXPRESSLY DISCLAIMS LIABILITY OF ANY KIND WITH RESPECT TO THESE PLANS, THE REVIEW HEREOF, OR ANY STRUCTURES BUILT PURSUSANT HERETO, INCLUDING BUT NOT LIMITED TO, LIABILITY FOR NEGLIGENCE OR BRECH OF EXPRESS OR IMPLIED WARRANTY."

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Approved: _____ Comments by ARC: _____
Signature Date

Disapproved: _____
Signature Date

Date received by BM/ARC: _____ Date mailed to mailing address: _____

Date submitted to ARC: _____ Date mailed certified: _____