TIMBERLANE POA

Application for Architectural Review Board approval

Instructions for the use of this form: One application per feature or installation of improvement is required (i.e.: One for pool, one for screen, one for fence and so on). An application may be considered incomplete if not accompanied by a plot plan showing setbacks (if fencing, pool or planting) and planned improvements. Incomplete applications will be denied and returned to the Owner in request of more information — taking more time for approval.

Once complete – either remit via email to timberlanepao.clermont1@gmai.com or by mail in care of Premier Association Management 1795 East HWY 50 Suite A, Clermont FL 34711.

The form may also be delivered to a member of the ARB or Board.

Please note that the ARB holds monthly meetings for the review of applications – these are noticed by signage in the Community or refer to the website: www.timberlanepoa.com

Dranarty Addraga		Anni Doto	
Property Address		Appl Date _	
Property Owner(s)		Phone No.	
<u>-</u>	-	Alt. Phone No	
Mailing Address		E-Mail _	
Contractor Name		License No	
Brief description of Improvements			
Covenants, Conditions and Re Division. Decisions of the Arch conformity with any laws, regul conditions of the proposed imp County and all required insural this requirement may result in considered denied if not accon	arpose of compliance with the Arc estrictions and to encourage archinitectural Review Board shall not ellations, codes or ordinances, or worovements. The Owner is responnces. No construction shall begin removal or replacement of improvemented by a plot plan, showing seations are required for each install.	tectural compatibility wentitle any person to revith respect to the structural sible for all plans and prior to written ARB avements at Owner's exetbacks (if fencing, po	within the Timberlane Sub- ely thereon in respect to the ctural integrity or other permits as required by Lake pproval. Failure to adhere to opense. This application will be ol or planting) and planned
Signature of Applicant:		[Date
Applicant contact info: (phone	e)		(email)

ARB Comments:		Approved	
		Conditional A	pproval
		Disapproved	
ARB Signature:	Date:	Incomplete Ap	oplication

APPLICATION ATTACHMENTS CHECKLIST:

Completed Application by Owner

Plot map of Lot showing residence and setbacks with improvements/modification noted on map Supporting documents – material data sheet, contractor license/insurance information Owner contact information – VERY IMPORTANT!

THANK YOU FOR YOUR SUBMITTAL!