



RECEIVED BY: \_\_\_\_\_ PICK UP / MAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PLEASE ALLOW SEVEN WORKING BUSINESS DAYS TO PROCESS YOUR REQUEST

**DESIGN CONTROL BOARD RESIDENT REQUEST FORM**

**401 WALNUT STREET**

**POINCIANA, FL 34759**

**PHONE: 863-427-0900 / FAX: 863-427-0659** PROCESSED BY: \_\_\_\_\_

DATE: \_\_\_\_\_ REQUEST NO: \_\_\_\_\_

OWNER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

TENANT NAME: \_\_\_\_\_

(IF TENANT IS APPLYING, WRITTEN AUTHORIZATION FROM THE OWNER OR THE OWNER'S AUTHORIZED REPRESENTATIVES MUST ACCOMPANY THIS FORM.)

**NEED A COPY OF THE PROPERTY SURVEY**

I WOULD LIKE TO CONSTRUCT, ERECT, INSTALL, OR REPAINT THE FOLLOWING:

---

---

---

---

---

An approval from the Board does not substitute or serve in lieu of any requires County Building Permit. However, a letter of approval may be used to facilitate obtaining the Building Permit.

Approval request requires compliance with the Deed of Restrictions and the Design Control Board Criteria. Applicants acknowledge and agree with Design Control Board Provisions and to uniform enforcement of the provisions.

**Property Owner** is responsible to restore to original condition any swales or greenways around this lot that are damaged by the builder or any of the builder's sub-contractors.

**Property Owner** must contact all utility companies, including bright House Networks before doing any digging.

I and /or my assign (s) have read the requirements set forth above and have understood that the compliance with the Design Control Board Criteria is my /our responsible without further notification from Association of Poinciana Villages, Inc. I/We will abide by the terms set forth in the Design Control Board Criteria.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ASSIGN OR CONTRACTOR**

**INTERNAL COMMENTS FOR USAGE OF CSD PERSONNEL:**

---

---

---

---

APV BALANCE: