



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: