



INC. Design Control Board Resident Form

Homeowner Name:			
Property Address:			
Phone:	Home Cell	Work	
Email:			
and the Association of P the Association's guideli make the following char	Design Control Board criteria, Decroinciana Rules and Regulations, Infines. Any variance could result in value, alteration, renovation and/or or of the request:	nstallation must conform oviolations and/or fines. I haddition to my property:	exactly to this approval and ereby request consent to
Fence	Exterior House Color	Solar Panel	Patio
Screen enclosure	Landscape/Lawn Ornament	Driveway/Walkway	Storage Shed
Swimming Pool	Home Addition	Pergola/Gazebo	House Roof
Other	Screen/Sunroom	Green House	Window AC Unit
positioning of fencing is decomplete set of architecture https://www.sherwin-willi	oval, be sure to indicate the color and enoted on the property survey. Any raral plans. If requesting shed approvations.com/homeowners/color/find-action & installation, and the location	request for construction must be sure to provide information and explore-colors/hoa/point	st be accompany by a nation on any existing shed.
uuu	and me location	<u>.</u>	

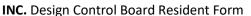
I hereby understand and agree to the following conditions:

- 1. No work will begin until written approval is received from the Association. I have 90 days from the approval date to complete the work. If not, then I must reapply for ARC approval.
- 2. Attached is a copy of the property survey that shows the locations of the proposed change, alteration, renovation, or addition. Attached are pictures, drawings, color samples of paint, plant, pavers and/or sample of material for review by the Design Control Board.

EMAIL TO: DCBPoinciana.FL@fsresidential.com FAX NUMBER: 863-313-9233 OR MAIL APPLICATION TO: 2190 Marigold Ave, Poinciana FL 34759 PHONE NUMBER: 863-427-0900 EXT. 609

Page | 1 07/17/2024

ASSOCIATION OF POINCIANA VILLAGES,





- 3. All work will be done expeditiously once commenced and will be done in a professional manner by a licensed contractor or myself minimizing interference and inconvenience to other residents.
- 4. I assume all liability and will be responsible for any and all damages to other lots and/or common area, which may result from performance of this work.
- 5. I will be responsible for the conduct of all persons, agents, contractors, subcontractors, and employees connected with this work.
- 6. I am responsible for complying with all applicable federal, state, and local laws, codes, regulations, and requirements in connection with this work. I will obtain any necessary governmental permits and approval for the work.
- 7. I will be notified in writing when the application is either approved or denied. Not receiving an approval does not waive the requirement to have written approval before work begins. Please allow 30 days for the application review process. If no information about the DCB decision has been received after 30 days, please contact the Community Service office at 863-313-9300.
- 8. Pending applications will have 2 weeks from review date to be re-submitted along with missing information/documents. Failure to re-submit within the time allotted will result in an expired application; a new application must be submitted for review if the homeowner wishes to continue with the proposed modification.
- 9. Within 7 calendar days of completing the approved project, Homeowner must submit color pictures of completed change along with a copy of the original approved ARC request form.
- 10. Prior to commencing any construction, a county building permit must be obtained, and a copy must be provided to the Design Control Board Department.

All applications must be submitted with all supporting documents needed for each project. Do not provide original documents.

DID YOU INCLUDE ALL REQUIRED APPLICABLE ITEMS?

Signed Application	
Official Property Survey with location of changes	
Complete set of architectural plans	
Drawings/Sketch	
Color Pictures of proposed change	
Color Samples Sample of materials	
Vendor proposal indicating height, shape, materials & colors to be used	
Property Owner(s) Name Printed:	_ Date:
Signature of Property Owner(s):	
Date Received by Staff Member:	

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Page | 2 07/17/2024