COMPLETED PROJECT	INSPECTED REFUND DEPOSIT?		The Springs Community Association, Inc. Architectural Review		
			The ACC Committee meets the first Monday of each month at 5:30 p.m. in the clubhouse conference room. PLEASE NOTE: Approval of any plans by the ACC is not to be construed as a warranty of any kind that the plans as proposed do not violate any existing covenants, restrictions, easements,		
MASTER ASSOCIATION (SPRINGS) REVIEW:	INCOMPLETE		greenbelts, setbacks, statutes, or ordinances. It is the owner's responsibility to see that his/her project does not adversely affect the drainage of adjoining properties or violate the laws or the rights of other owners. For your protection, please use licensed vendors that have a Certificate of Liability Insurance and Workers Compensation. Please be advised that you as owner will be held wholly responsible to ensure that the work will be done according to approved specifications.		
			Name: Date:		
	DENIED	DATE:	Property Address: Sub-Association/Village: *(VILLAGE APPROVAL REQUIRED)		
	APPROVED D		Home Phone: Work Phone:		
			Signature: Email Address:		
		ΒΥ: ΤΙΤLΕ:	DESCRIPTION of improvement(s) to be done: (Check all that apply) Roofing: Brand: Material: Color: (A product sample or brochure is required with this application)		
SUB-ASSOCIATION REVIEW (If Required)	INCOMPLETE		Painting: Brand: Color # and Name: (A color sample is required with this application)		
			Garage or Entry Doors or Windows: Location: Brand/Color: (A product sample/brochure including specifications is required with this application)		
			Fencing: Location: Type: Material/Color: (A layout/diagram showing location of proposed fence, along with fence type is required with application)		
	DENIED	DATE:	Screened Porch or Pool Enclosure: Location: Type: (A layout/diagram showing location of proposed enclosure is required with application)		
			Landscaping Renovations: Location: (A layout/diagram showing proposed renovations and location of materials is required with application)		
	APPROVED		Swimming Pool or Spa: Type: Location: Dimensions: (A layout/drawing and brochure including specifications is required with this application)		
S		BY:	Driveway/Sidewalk Resurfacing or Coloring: Type:Location:Color: (A layout/diagram is required with this application)		

The Springs Community Association, Inc.

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Satellite Dish:			
Location:	/ Provider:		_
Security Lighting or Ligh	t Fixtures:		
Type:	Location:	Color:	
Other Project:			
Project Description:			
Contractor Information			
Name/Company:			
Name/Company: Address: Contact Phone: Contractor License #;			

Note: These plans are reviewed for the purpose of determining aesthetic compatibility and compliance of the proposed project with the construction criteria of The Springs Community Association. They are not reviewed for safety or compliance with any government agency. All projects must conform with local zoning and building codes and the homeowner must obtain all necessary permits if approval is granted.

CONSTRUCTION DEPOSITS REQUIREMENT: (Required with submission of request form)

The SCA requires a construction deposit to cover any damage, which might result to common property such as roads, bridges, street lights, utilities, etc. during construction. Amounts required are determined by the ACC or its' agent. Typical fees are: \$1000.00 for new structures; \$250.00 for modifications to existing structures; and \$100.00 for re-roofing or other projects. No contractor or vendor passes will be issued until these deposits are made, and all requirements of this policy have been met. Deposits will be refunded upon final ACC approval of completed constructions. The property owner is responsible for contacting the ACC for final inspection.