## Heritage Oaks Property Owners' Association

## APPLICATION FOR SITE IMPROVEMENTS OR ALTERATIONS

Date:	
Owner's Name:	
Address of Proposed Wor	k:
Mailing Address (if differ	ent):
Telephone #:	Cell #:
Nature of Work to be per	formed (or attach a description):
Section(s) of Covenants a	affected:
When will work begin:	
	leted:
Please attach the followi	ng as appropriate:
proposed setbacks fro (Include architectura general dimensions w Color swatch or samp	le. of items to be installed. (Cut sheets from manufacturer with dimensions, colors or
Other:	
Please provide the requi P O Box 969, Alachua, Fl	red information to Sandy Burgess, Association Manager, sandy@burgessms.com, or L 32616.
	This section to be filled in by staff and returned to you.
Approved*Ye	
Reason for disapproval _	
 Signed:	Date:

\*This approval only applies to the requested improvement or change as required by the Recorded Covenants and Restrictions of the Heritage Oaks Property Owners' Association. It in no way implies that this is an approval of building code compliance by any Federal, State, County or City Enforcement Department, nor does this approval permit violation of and such building code or other regulation.

Note: Section 7.5 of the Declaration of Covenants and Restrictions states "In the event that the ARB fails to issue its written approval within 30 days of its receipt of the last of the materials or documents required to complete the Owner's submission, the ARB's approval shall be deemed to have been granted without further action."

ARB Request Form: 7/24/2012