



ARCHITECTURAL REVIEW COMMITTEE

Canopy Neighborhood Association, Inc.

CANOPY MODIFICATION REQUEST FORM

PLEASE EMAIL TO: arc@canopyhoa.com OR hand deliver to an arc or board member

Date:

Homeowner:

Address:

Home Phone:

Cell Phone:

Email:

Modification Requested:

Estimated Completion Date: _____

RESUBMITTAL IS REQUIRED IF WORK IS NOT COMPLETED WITHIN 6MONTHS

SITE PLANS AND COLOR SAMPLES MAY BE REQUIRED. PHOTOS AS NECESSARY

Note: If work is performed by other then the Owner, for safety and security it must be performed by a Licensed Contractor. ARC Approval is not deemed to be approval of Structural Safety, Conformance with Florida Building Codes or other Local Codes, requirement for County Permits or use of specific Licensed Contractor, or Dial 811 underground surveys.

HOMEOWNER

SIGNATURE _____
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ASSOCIATION USE ONLY

Approved _____ Approved with Conditions _____ Denied _____

If a violation, must be complete by _____

ARC Comments or Conditions:

ARC Authorized Signature: _____

Date: _____

Owner Notified: _____ Copies Mailed: _____

Modification as completed Inspected by _____ Dated _____

Modification Completed as Approved YES _____ NO _____

Additional action required?