

# Forest Creek Homeowners Association

Application For Improvement  
Architectural Control Review Committee

Today's Date: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_ Skype Handle: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

**Type of Work to be approved:** (Check all that apply)

Landscape Fence Painting Screened Room Concrete Work Addition Pool Other  
Provide Complete Description of Improvements (attach additional page if necessary):

**Please list the existing roof/shingle color and brick color/type for any color changes:**

**Attachments** (Please check and attach copies to this application. Remember they will not be returned.)

Survey Site Plan Copy of Blueprint Copy of Estimate Brochures  
Paint Samples Color Samples Photographs Design, Sketch or Work Up

**SEND THIS COMPLETED FORM  
AND ALL ATTACHMENTS TO:**

Forest Creek Homeowners Association.  
Attn: Architectural Control Review Committee (ACRC)  
c/o Fairway Management of Brevard  
1331 Bedford Dr. #103  
Melbourne, Fl. 32940

After review by Property Management, Forms and attachments will be sent to the Architectural Control Review Committee for review and approval

Prerequisites, as a prerequisite to consideration for approval, and prior to beginning the alteration or improvement work contemplated, two (2) complete sets of plans and specifications must be submitted to the Committee. Upon giving written approval, construction shall be started and prosecuted to completion promptly, and in strict conformity with such plans and specification. Committee shall be entitled to stop any construction in violation of these restrictions and any such exterior alteration made without application having first been made and approval obtained as provided above, shall be deemed to be in violation of this covenant and may be required to be restored to the original condition at Owner's cost.

Protecting Our Members' Investment and Peace of Mind

Chairman, FCHOA ACRC: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Approved W/ Conditions: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Applications are reviewed monthly