

**ARCHITECTURAL REVIEW APPLICATION  
TILDENS GROVE COMMUNITY ASSOCIATION, INC.**

This request form is to be completed by the homeowner and submitted to the Architectural Review Committee. The request must be approved by the Committee before any work commences. If approved, no further modifications or other alterations may be made without further approval of the Committee. Please refer to the Declaration of Covenants, Conditions and Restrictions for a detailed description of the requirements and process.

**MAIL COMPLETED FORM TO: GREYSTONE MANAGEMENT COMPANY, INC.  
620 N. Wymore Rd. • Suite 240 • Maitland, FL 32751  
PHONE: 407-645-4945 • FAX: 407-645-5598  
EMAIL: service@greystone-mgmt.com**

PROPERTY OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

PHONE(S) \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

DESCRIBE THE ADDITION, CHANGE OR INSTALLATION TO BE REVIEWED BY THE ARCHITECTURAL REVIEW COMMITTEE:

SWIMMING POOL    LANDSCAPING    FENCE (DESIGN, HEIGHT, COLOR) \_\_\_\_\_

SCREENED PORCH

PAINTING - COLOR(S): \_\_\_\_\_

**\*\* Samples must be painted on the home for ARB approval including repainting of existing colors. \*\***

OTHER \_\_\_\_\_

COMMENTS \_\_\_\_\_

Please attach a property survey copy locating exterior construction projects. Attach paint/color samples, plans, photos as needed to describe modification. Requests and alterations must conform to all local zoning and building regulations. You are required to obtain required permits if your request is approved. Any alterations made to the property must not extend past the legal property line of the owner. Owner assumes all responsibility for maintenance of the alteration/modification to the unit/lot.

\_\_\_\_\_  
Signature of Owner

**FOR USE BY ARCHITECTURAL REVIEW COMMITTEE**

DATE RECEIVED \_\_\_\_\_ DATE TO ARC \_\_\_\_\_ DATE TO HOMEOWNER \_\_\_\_\_

APPROVED                       DISAPPROVED

APPROVED WITH THE FOLLOWING CONDITION \_\_\_\_\_

PLANS INCOMPLETE, INFORMATION WE NEED \_\_\_\_\_

Please resubmit plans to the ARC within fourteen (14) days of receipt of this notice. Work cannot be performed until the ARC has rendered a written approval. Thank you for your cooperation.

COMMENTS \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ARCHITECTURAL REVIEW COMMITTEE