TURNING LEAF HOMEOWNER'S ASSOCIATION, INC.

Architectural Review Application

Mail Application to:

Turning Leaf Homeowner's Association, Inc. c/o Post

Office Box 830572 Ocala, FL 34483 Email: turningleafhoa@outlook.com Website: www.turningleafhoa.com

			Website: www.turningleafhoa.com			
Name _						
Property	Address					
Mailing Address			City	State	Zip	
Phone (s	s) Home Wo	Work				
	dance with the Declaration of Covenants e following changes, alterations, renovat			on's rules and regulations, I	hereby request your consent to	
) Fence	() Swimming Pool	() Lawn Ornament	()	Patio () Screen 6	enclosure	
) Exteri	or Color () Landscaping	() Lawn Replacemen	at () Other			
Descrip	tion:					
	copies of the lot survey or lot site plan, w				ddition.	
Attach c	lrawings or blueprints of your plan(s). A	Attach color samples, if application	able. Attach photo	os, if applicable		
	Applications submitted without collication is incomplete, it delays yo		ng, or blueprin	t, or color sample will be	e considered incomplete.	
I/We he	ereby understand and agree to the follo	owing conditions.				
1.	No work will begin until written app		ssociation.			
2.				rmanlika mannan hyr liaansa	d/ingrand contractor or myself	
	All work will be done expeditiously or					
3.	All work will be performed at a time a	nd in a manner to minimize in	terference and inc	convenience to other residen	ts.	
4.	. I/We assume all liability and will be responsible for all damage to other lots and / or common area or injury, which may result from the performance of this work.					
5.	. I/We will be responsible for the conduct of all persons, agents, contractors, subcontractors and employees who are connected with this work.					
6.	I/We am/are responsible for complying with and will comply with, all applicable federal, state and local laws, codes, regulations and requirement in connection with this work, and I/we will obtain any necessary governmental permits and approval for the work.					
7.	7. I/We will be notified when the application is approved or denied. Decision by the Association may take up to 30 days for					
	ALL HOMEOWNERS ARE RES MAKING A	PONSIBLE TO FOLLOW NY ARCHITECTURAL MO				
Signatu	ure of Owner(s):			Date: _		
		Do Not Write	Below This L	ine		
	This Application is he	reby: () A	pproved	() Not A	pproved	
Date	Si	gnature				

__ Date Denied _

Date Approved _____

Comments: ___

Date Received from Owner