

# VICTORIA GARDENS ARCHITECTURAL REVIEW

## APPLICATION PROCESS CHECK LIST

### **APPLICATION:**

Application must accompany each request. Fill out the basic information on front, name, address, phone, lot#, etc.

### **SURVEY:**

A copy of property survey must be included. On it draw or highlight area where modification or improvement will be made.

### **WRITTEN DESCRIPTION:**

On the application there is an area to provide a brief description of your project. If more space is required, attach an additional sheet (please include dimensions and exact location).

### **BROCHURES, PICTURES, COLOR SAMPLES AND PAMPHLETS:**

Please provide them with application.

### **CONTRACTOR:**

Although not required on application, please include contractors name and contact information. Review committee will not contact the contractor. This information will be kept with your application's records only.

### **PERMITS:**

Some improvements or a modification requires a building permit. Check with your contractor. If they are not sure, contact the Building Dept., City of DeLand (386) 626-7008 or 7007.

### **GENERAL INFORMATION:**

Please indicate start and finish dates if possible, sign and date. The Architectural Review Committee meets monthly on the third Thursday, 3:00 p.m. at the Gardens Clubhouse Craft room. Applications must be submitted no later than the Thursday prior to the meeting by 5:00 p.m. Late applications will be reviewed at the following months meeting.

The completed applications are to be dropped off at the Victoria Park Homeowners Association office at 525 E Victoria Trails Blvd, DeLand FL 32724.

### **CHECK LIST**

- Completed application
- Survey
- Written description
- Brochure, pamphlets, photos, color samples, etc.
- Submission of application

# VICTORIA GARDENS HOMEOWNERS ASSOCIATION, INC

## APPLICATION FOR ARCHITECTURAL REVIEW COMMITTEE

Please hand deliver, mail, email or fax this form  
with required plans and specifications to:

Telephone: 386-738-2112

Fax: 386-736-3360

**ARCHITECTURAL REVIEW COMMITTEE**  
**VICTORIA PARK COMMUNITY MANAGEMENT OFFICE**  
525 E. Victoria Trails Blvd  
Deland, FL 32724

Email: vghoa@Evergreen-LM.com

Name of Owner (s):		Phone number:
Street Address:		
Date:	Lot #	Email address:

Please send notification via Email: \_\_\_\_\_ or U.S. Mail: \_\_\_\_\_

Approval is hereby requested for the following modification(s), addition(s) and/or alterations as described below and on attached pages:  
TYPE (Check applicable box and/or describe below):

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Doors           | <input type="checkbox"/> Generator           | <input type="checkbox"/> Play Equipment   | <input type="checkbox"/> Water Softener System |
| <input type="checkbox"/> Driveway        | <input type="checkbox"/> Gutters             | <input type="checkbox"/> Pool/Spa   | <input type="checkbox"/> Windows               |
| <input type="checkbox"/> Exterior Paint  | <input type="checkbox"/> Hurricane Shutters  | <input type="checkbox"/> Satellite Dish   | <input type="checkbox"/> Yard Art/Wall Art     |
| <input type="checkbox"/> Exterior Lights | <input type="checkbox"/> Landscaping/Curbing | <input type="checkbox"/> Screen Enclosure                                       |  |
| <input type="checkbox"/> Fence           | <input type="checkbox"/> Patio/Pavers        | <input type="checkbox"/> Solar (Panels/tubes/fans)                              |  |
| <input type="checkbox"/> Other: _____    |  | IS THIS A RESUBMITTAL? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All structural/landscaping changes or additions **MUST** include a property survey or plot plan showing the location of the change with dimensions. All requests for painting, roofing, pavers, gutters, doors, shutters, etc.; **MUST** include a color sample or sample picture of item. Failure to do so may delay your application. Application must be turned in no later than the 2<sup>nd</sup> Thursday of the month, late applications will be reviewed at the following months meeting.

Owner's Signature	Start Date:
<b>Must contact HOA upon completion for inspection</b>	

Committee's Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Approved w/stipulations \_\_\_\_\_ Date of Approval/Disapproval \_\_\_\_\_

Your approval is subject to the following:

\_\_\_\_\_  
Signature – ARC Committee Representative

1. You, the owner of the property, take full responsibility for, and to bear the full cost of, immediate repairs or replacement of any and all items on the property owned by the Association and adjacent properties that may be damaged and/or destroyed, directly or indirectly, by the work done pursuant to this request, whether such damage is caused directly by the owner, or indirectly by a contractor, agent or employee of the owner.
2. You are responsible for obtaining any necessary permits from the appropriate Building and Zoning Department(s).
3. Access to area of construction is only allowed through your property, and you are responsible for any damages. If access is needed on neighboring properties, an **Access Agreement** is required.