## Whispering Woods Homeowners Association of Seminole County Request For Exterior Home Improvement Authorization

In an effort to provide and protect each individual's rights and property values, it is **REQUIRED** that any homeowner considering making any exterior improvements to their home submit this completed form to the Architectural Review Board for approval **PRIOR** to initiating any work. If any change has been made that has not been approved by the Board, said Board has the authority based on WWHOA Covenants and Restrictions to request the homeowner to remove the improvements, at the owner's expense.

## PLEASE COMPLETE THIS FORM IN DETAIL (\*all fields required)

Property Owner Name:		Phone #:			
Property Address:		Email:			
CHECK THE TYPE OF IMPROVE	EMENT (all request	s must comply v	with the Association C	C, C & Rs and Rules & Regul	lations):
Paint - existing colors					
Fence - new install   Driveway Paver - install/replacement  Garage Door - replacement					
□ Fence - replacement/repair □ Walkway install/replacement □ Front Door - replacement					
☐ Recreational equipment - ins	stall/replacement		☐ Window(	s) - replacement	
☐ Tree - removal/replacement*	** 🗆 Addition - Pat	tio/Pool/Solar/R	oom   Structure	e(s) - install/replacement	
☐ OTHER (provide detailed desc	cription):				
**Any tree above 20 feet must hav	ve City of Oviedo an	d Association ap	proval.		
PAINT COLORS: (include brand	name, color name	& color number	r)		
Base:		No.	Trim:		No.
Front Door:		No.	Fascia:		No.
Garage Door:		No.	Drip-edge:		No.
Architectural Trim:		No.	Other:		No.
<b>NOTE:</b> A drawing, diagram, render For all other modifications, you mucolor samples, and/or image(s) when the samples is a sample of the samples of the sample of the samples of the sampl	ıst submit a copy of	-	-		* *
Please complete the following, i	f applicable:				
Name of contractor:		Phone	e:		
City of Oviedo permits required I UNDERSTAND THE ARCHITECTURAL I DECISIONS. I AGREE NOT TO BEGIN AN	REVIEW BOARD WILL A	ACT ON THIS REQUE	ST WITHIN A REASONABLE		NG REGARDING THEIR
Submitted and Agreed by:			Date:		
ALL IMPROVEMENT	S MUST CONFO	ORM TO LOC	AL BUILDING COI	DES AND ZONING GUI	DELINES.
ARB & BOARD OF DIRECTORS	OF THE ASSOCIA	TION USE ONLY			
Received by:					<u>—</u>
Reviewed by ARB Members: 1	•	_ 2	3	<del> </del>	
□ Incomplete □ Approved □ Rejected Notification sent by: Date:					

## Return the completed form and all additional required documentation & assets:

- Email to <u>WWHOAGeneral@gmail.com</u> (recommended) or
- Mail to 100 Winding Oaks Ln, Oviedo, FL 32765 or
- Contact the Board of Directors directly for available drop-off locations.