

**ARCHITECTURAL REVIEW APPLICATION**  
MAIL COMPLETED FORM TO: TOWERS PROPERTY MANAGEMENT, INC.  
1320 N. SEMORAN BLVD., STE. 100 • ORLANDO, FL 32807  
PHONE: 407-730-9872 • FAX: 407-730-9877

Association \_\_\_\_\_

Name \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

In accordance with the Declaration of Covenants, Conditions and Restrictions, I hereby request your consent to make the following change, alteration, renovation and/or additions to my property:

- Exterior Color  Swimming Pool  Fence  Landscaping
- Patio  Screen Enclosure  Other

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

\_\_\_\_\_

Upon approval of my request for this modification, I/We will assume all liability for any damage incurred as a result of this modification as well as any additional maintenance costs that may be incurred. I also agree to obtain any permits that may be required by any and all governmental agencies for this modification.

Attached please find the following additional information:

- ❖ A sketch, including the dimensions, of the proposed modifications.
- ❖ The location of the modification on my property.
- ❖ Copy of the survey of my property.
- ❖ Color samples, if applicable.

Use additional sheets if necessary.

Signature of Owner(s) \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

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DO NOT WRITE BELOW THIS LINE

This Application is hereby:  Approved  Disapproved

By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Dates: Received from Owner \_\_\_\_\_ Forwarded to Board \_\_\_\_\_ Returned to Owner \_\_\_\_\_