



Blossom Park Villas

Blossom Park Villas Condominium Owners Association Inc. **Architectural Review Application**

Please complete and return this form for approval prior to commencement of any work

Property Owner: _____ Date: _____

Property Address: _____

Mailing Address (if different): _____

Phone: _____ Email: _____

Describe the addition, change or installation to be reviewed by the architectural review board:

- Please include detail, plans and photos as needed to describe modification.
- If applicable, contractors are to provide business license number and show proof of workman's compensation and liability insurance. Owners acting as a contractor must obtain any required permits.
- All approvals are subject to installation conforming to association documents

Owner Signature

Owner Signature

MAIL TO: Blossom Park Villas COA 3000 Parkway Blvd Kissimmee Florida 34747	EMAIL TO: manager@blossomparkvillas.com Phone: 321-677-0010
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FOR USE BY ARCHITECTURAL REVIEW BOARD

Date Received _____ Date to ARB _____ Date to Homeowner _____

The ARB's decision on the plans submitted is as follows, supporting documentation may be attached to this form:

- [] APPROVED (must conform to association covenants & restrictions)
- [] PLANS incomplete, information requested _____
- [] APPROVED with the following condition _____
- [] REJECTED. Reason _____

Please resubmit plans to the ARB with fourteen (14) days of receipt of this notice. Work may not commence until the ARB has rendered a written approval. Thank you for your cooperation.

By: _____ Date: _____
Blossom Park Villas COA - Architectural Review Board