

**FOREST LAKES COMMUNITY ASSOCIATION, INC.  
ARCHITECTURAL REVIEW BOARD**

ARB # \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ Date: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ NEIGHBORHOOD: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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(Provide a brief description of the request below and attach supporting documentation, such as drawings, property plat etc.)

ESTIMATED STARTING DATE: \_\_\_\_\_ (NOTE: This application will expire 6 months from date of initial ARB approval if work has not been completed.)

I have read and will abide by the "Forest Lakes Covenants and Restrictions" and "Forest Lakes ARB Guidelines". I understand that any required work permits are to be obtained prior to work being started. Permission is granted to members of the Architectural Review Board to enter my property if needed.

OWNER'S SIGNATURE: \_\_\_\_\_

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In some cases, improvement projects greatly affect the surrounding neighbors. Although final approval rests with the Architectural Review Board, the Board reserves the right to consult with your immediate neighbors about your proposed plans. You **MUST** list the names of neighbors whose property border yours on each side. If your project will be seen by the neighbors across the street or behind your property, they **MUST** also be listed. Next to their names, indicate by "yes" or "no" whether they support your plans. Obtain their signatures to show that they have been notified. Your application will not be processed unless these names are listed.

Adjacent Property Owner	Adjacent Property Address	Phone Number	Date contacted	Support (Yes/No)	Neighbor Signature