

***HAMILTON WEST OF CENTRAL FLORIDA HOA, INC.***  
***WINTER HAVEN, FL***

**ATTENTION HOMEOWNERS**

Please find attached a copy of Request of Architectural Change. Please keep this with your records for future use. It must be filled out completely and submitted along with a copy of your plat or survey indicating the location and type of any improvements being requested for the Architectural Review Board's approval prior to any work being performed on your property and prior to application for a permit from the City of Winter Haven.

You can be assured that the Board of Directors and/or the Architectural Committee will review your request for any change in the fastest way possible in order that you are not delayed with the start of your project. Please allow ample time for the committee to review your request.

Please review your copy of the Covenants and Restrictions prior to your request for architectural change. Please do not start any work prior to approval by the Architectural Review Board. This is important so that you will not be disappointed if it is found that your proposed change is inconsistent with the Covenants and Restrictions.

If you do not have a copy of the Covenants and Restrictions, please contact AIA Property Management at: 863-686-3700 or email: [barbara@aiapropertymanagement.com](mailto:barbara@aiapropertymanagement.com). A hard copy can be mailed to you at \$.25 per page or emailed at no cost.

The Board of Directors

**HAMILTON WEST OF CENTRAL FLORIDA HOA, INC.**  
**WINTER HAVEN, FL**

**Request for Architectural Change**

This request is to be completed by the homeowner and submitted for approval PRIOR to any work commencing. All requests must conform to local zoning and building regulations, and you MUST obtain all necessary permits after your request is approved by the ARB. Please deliver, mail or email this completed form and documentation to:

Hamilton West of Central Florida HOA, Inc  
c/o AIA Property Management  
2108 E Edgewood Drive  
Lakeland, FL 33803

Email: Barbara@aiapropertymanagement.com

Phone: 863-686-3700      Fax: 863-683-7537

**TO BE COMPLETED BY HOMEOWNER**

**Name:**

**Address:**

**Lot No:**

**Phone:**

**Email:**

**Describe the change** (i.e. paint, porch enclosure, utility building, play equipment, etc.):

**Location:** (Attach a copy of lot survey or plan showing location of addition)

**Specifications** - Attach a copy of plans, and describe the following:

**Dimensions:**

**Materials:**

**Color:** (Unless repainting with the same colors, please submit color samples of requested change. Only originally approved colors by Adams or Holiday will be considered.)

**Liability:** *I take full responsibility and am personally liable for any damage that may occur to Hamilton West of Central Florida Homeowners Association property during the completion of this project.*

**Signature:**

**Date:**

**TO BE COMPLETED BY ARCHITECTURAL REVIEW BOARD**

**Date Received:**

**Date Forwarded to ARB:**

**Architectural Review Board Decision:**      ☐ Request Approved      ☐ Request Denied

ARB Member's Signatures

Date