

## MAINLANDS 1 AND 2 CIVIC ASSOCIATION INC.



## **ARCHITECTURAL APPROVAL FORM (ARC)**

Homeowner Name:		(Please print)	Contact #	
Address:			Email:	
Date of Application:				
Homeowner Signature:				
Application Purpose				
PLEASE CHECK ONE OR MORE AS NEEDED		Exterior Painting	Note: All exterior walls must be	painted the same primary color.
		* Roof		
		* Driveway		
		* Walkway		
		* Patio (open)	PRIMARY COLOR SAMPLE	PRIMARY COLOR SAMPLE
		* Patio (roofed)	AFFIX CARD HERE AFFIX CARD HERE	
		* Addition to Residence		
		* Alteration of Residence		
		Other: Please specify		
* A permit fror		from the City of Tamarac is required for these	additions or alterations.	Permit Required Yes D No D
Details				
ž				
F WO int)				
DESCRIPTION OF WORK (Please print)				
For Office Use Only				
HOA Approval				
Signature:			Date:	
HOA Disapproval				
Signature:			Date:	
HOA Final Inspection				
Signature:			Date:	