

Foxwood Community Association, Inc.

P.O. Box 4129, Winter Park, Florida 32793-4129

Telephone: 407-681-0394 FAX: 407-681-0395

Date: _____

REQUEST for ARCHITECTURAL MODIFICATION

NAME OF HOMEOWNER: _____

ADDRESS: _____

PHONE: _____

TYPE OF IMPROVEMENT: ☐ LANDSCAPING ☐ SHED
☐ FENCE ☐ PAINT
☐ ADDITION/ALTERATION
☐ OTHER

DETAILED DESCRIPTION*: _____

HOUSE COLOR	TRIM COLOR
	ACCENT COLOR

**ATTACH SITE LAYOUT, PLANS, DRAWING, PAINT CHIP....etc.*

The Committee is not responsible for defects in the plans or specifications or improvements. The committee's review of the plans is limited solely to appearance and does not include your compliance with building codes, Construction projects require surveys and boundaries and may require permit(s). Please refer to the Declaration of Covenants and Restrictions; Architectural Control for further information and restrictions requirements. Contact Seminole County Building Department for permit requirements.

DATE RECEIVED: _____/_____/_____ (allow 30 days)

☐ **APPROVED BY:** _____ **DATED** _____

☐ **NOT APPROVED:** _____ **DATED** _____

NOTES: Projects must be started within 90 days of approval and shall be completed in a time frame as noted here: _____ (insert anticipated date of completion).