

**GLEN EAGLE HOMEOWNERS ASSOCIATION, INC.**

**Architectural Review Board Application**

This form should be completed in triplicate by the homeowner. Please mail all three copies to *Vista Community Association Management*; see address below. You will receive a response within 14 days after the Architectural Review Board (ARB) receives and reviews your application. An approval is required prior to any work commencing.

Please review the *Design Standards Manual* (DSM) prior to submission. The most current DSM can be found on the community website at [www.gleneaglehoa.com](http://www.gleneaglehoa.com). You will find the link to the DSM at the bottom of the home page.

---

**THIS SECTION TO BE COMPLETED BY THE HOMEOWNER**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Please select item requiring approval:  Paint Color       Landscape Design       Roof Shingle       Other

Description of requested change: \_\_\_\_\_

---

Enclose (3) copies of this ARB application each with the appropriate paint samples, landscape drawings, plans, pictures, and/or estimates.

**\*Note:** This approval shall remain in effect for sixty (60) days. Upon the expiration of the (60) day time period this application will become void, it will then be necessary to resubmit your application. You must also conform to all local Zoning Building Regulations and obtain all necessary permits if the Architectural Review Board approves your request.

---

**THIS SECTION TO BE COMPLETED BY THE ARCHITECTURAL REVIEW BOARD**

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Date Denied: \_\_\_\_\_

ARB Signatures: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Comments: \_\_\_\_\_

---

**Forward to:** Vista Community Association Management  
P.O. Box 162147  
Altamonte Springs, FL 32716-2147  
(407) 682-3443 ext. 231 (407) 682-0181 fax  
Email: [dmcCreight@vista-cam.com](mailto:dmcCreight@vista-cam.com)