

# Portal III HOA Architectural Approval Application Form

Owner agrees to comply with all County Requirements and HOA Documentation

Lot Number \_\_\_\_\_ Owner Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Request Date \_\_\_\_\_ Signature \_\_\_\_\_

Project Description - (copy of plan and/or sample if requested)

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Work Being Done By \_\_\_\_\_

Note – Working Hours are 7-7 Weekdays, and if required 8-1 Saturdays, No Sundays

Start/Completion Dates \_\_\_\_\_ / \_\_\_\_\_

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Request Approved \_\_\_\_\_ Request Denied \_\_\_\_\_ Date \_\_\_\_\_

Conditions/Reasons

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AC Chair Name \_\_\_\_\_ Signature \_\_\_\_\_