

# CHAPMAN GROVES HOMEOWNER'S ASSOCIATION, INC.

## REQUEST FOR ARCHITECTURAL CHANGE

Work may ***not*** begin until written approval is received. Work must be completed within 6 months of approval date, if granted. Please complete this form and attach a copy of your **final survey**. Please show the location(s) of your proposed improvement(s) directly on the **final survey**. If you are painting your house a copy of the survey is not required. NOTE: In addition to the requirements recorded in the Declaration of Covenants, Conditions and Restrictions, all applications must conform to any applicable zoning or building regulations. It is the responsibility of the homeowner to obtain all necessary permits when the Association approves your application. Approval by the Association does not imply approval or conformity to any Seminole County or City of Oviedo regulations.

### THIS SECTION TO BE COMPLETED BY PROPERTY OWNER

PROPERTY OWNER: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

PROPERTY STREET ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ESTIMATED START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ ESTIMATED COMPLETION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by the Property Owner and dated)

Describe the improvements you are proposing: (Include dimensions, materials, contractor and colors if applicable)

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**PAINTING:** Are the requested colors on The Chapman Groves HOA, Inc. Official Color Scheme? ☐ YES ☐ NO  
IF NO, have you painted the required 2'x2' sample on the sunny side of house? ☐ YES ☐ NO  
IF YES, specify sample location \_\_\_\_\_

Exterior Feature(s) to be painted	Attach a paint chip sample	Manufacturer	Color Name	Color Number
<b>BODY</b> — stucco, garage door: <input type="checkbox"/> same color <input type="checkbox"/> optional trim color for garage door				
<b>TRIM *</b> —around doors and windows, pillars, roof line	SW7006 - SW7009 White or equivalent			
<b>ACCENT *</b> — Location(s): <input type="checkbox"/> raised stucco on base <input type="checkbox"/> optional upper entry	<input type="checkbox"/> NONE <input type="checkbox"/> YES			
<p><b>*Please review the CG Paint Policy before selecting your color.</b> Review diagram to the right for locations of TRIM &amp; ACCENT. Enlarged image at <a href="http://www.geocities.com/chapmangroves">www.geocities.com/chapmangroves</a></p> <p>If your house has accent elements not shown on this diagram that you wish to paint, submit a photograph or drawing showing the proposed location(s).</p>		 <p><b>PAINT COLOR APPLICATION DIAGRAM</b> * APPLY ACCENT AT BASE ONLY IF PROTECTED PLANE OF STUCCO EXISTS.</p>		

### THIS SECTION TO BE COMPLETED BY ARC REVIEW COMMITTEE

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE MAILED: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ APPROVED ☐ DENIED

SIGNATURES: \_\_\_\_\_  
COMMENTS: \_\_\_\_\_

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Return to: Chapman Groves HOA  
C/O [Community Management Professionals Incorporated](#)  
5401 S Kirkman Rd  
Orlando, FL 32819-7940  
Phone: 407-903-9969 ext 106  
Representative is Judith Meldrum  
Email: [Judith@community-mgmt.com](mailto:Judith@community-mgmt.com)

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