


CHAPMAN GROVES HOMEOWNER'S ASSOCIATION, INC. REQUEST FOR ARCHITECTURAL CHANGE

Work **shall 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, have you painted the required 2'x2' sample on the sunny side of house? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, specify sample location _____				
Exterior Feature(s) to be painted	Attach a paint chip sample	Manufacturer	Color Name	Color Number
BODY — stucco, garage door: <input type="checkbox"/> same color <input type="checkbox"/> optional trim color for garage door				
TRIM * —around doors and windows, pillars, roof line	SW7006 - SW7009 White			
ACCENT * — Location(s): <input type="checkbox"/> raised stucco on base <input type="checkbox"/> optional upper entry	<input type="checkbox"/> NONE <input type="checkbox"/> YES			
*Please review the CG Paint Policy before selecting your color. Review diagram to the right for locations of TRIM & ACCENT. Enlarged image at chapmangroves.org/free.com 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 style="text-align: center; font-size: small;">PAINT COLOR APPLICATION DIAGRAM * APPLY ACCENT AT BASE ONLY IF PROTECTED PLANE OF STUCCO EXISTS.</p>		
THIS SECTION TO BE COMPLETED BY REVIEW COMMITTEE				
DATE RECEIVED: ____/____/____		DATE MAILED: ____/____/____		<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
SIGNATURES: _____		_____		
COMMENTS: _____				
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Return to: Chapman Groves HOA
 C/O Pinnacle Property Management, LLC
 1511 East State Road 434, Suite 3001
 Winter Springs, FL 32708
 Phone: 407.977.0031, Ext. 300 | Fax: 407.977.5495
 Representative is Jackie Edwards
 Email: jedwards@ppmorlando.com

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