**EXTERIOR IMPROVEMENT APPROVAL FORM**  
Sabal Point Community Services Association, Inc.

**Instructions:** Please complete Sections 1, 2, & 3; attach any supporting drawings or information.
- All requests for additions must have a Lot survey attached, marked with intended locations.
- For painting & roofing approvals, please attach paint chips and/or shingle samples or catalog descriptions with the chosen colors clearly marked (larger samples may be requested).

Applications will be responded to within 30 days of the date of Architectural Review Committee (ARC) receipt. If you have questions please contact **Mario Sanders** at **Sentry Management Inc.** at (407) 788-6700, Ext. 51111.

**Section 1: Name and Addresses**

Name: ___________________________ Phone number(s): __________________

Email Address: ___________________________

Property Address: ___________________________ Longwood, FL 32779

Mailing Address (if different): ___________________________

City: __________________ State: __________ Zip Code: __________________

**Section 2: Change Description (include all dimensions, materials, colors, finishes, location, etc.)**

________________________________________________________

________________________________________________________

________________________________________________________

Expected Start Date: _______________ Projected Completion Date: _______________

**Section 3: Request For Approval**

“I request approval to make the changes described herein. I understand that some types of work require County permits, and I will obtain all necessary permits prior to starting the work.”

________________________________________________________

Signed Date

**Section 4: SPCSA /ARC USE ONLY**

Approved

Approved subject to the following:

Denied/Comments: ___________________________

________________________________________________________

________________________________________________________

________________________________________________________

___________________________ ___________________________

Approved Expiration Date Signed (SPCSA / ARC) Date

Please submit this form and all required attachments to: **Sabal Point Community Services Association, c/o Sentry Management, 2180 West SR 434, Suite 5000, Longwood, FL 32779**

**NOTE:** Appeals of “Denied” Requests may be made at any monthly ARC or SPCSA Board Meetings. Rev. 08-2019