ARC REVIEW REQUEST FORM

Please complete the form below and email it to arc@savannahpointehoa.com along with all requested items. View Rules and Architectural Guidelines at www.savannahpointehoa.com.

Owner Name		
Address		
City	State	Zip
Phone	Email	
□ New Construction □ Orname	□ Exterior Modifications □ Exterientation □ Patio/Arbor/Deck □ ed □ Solar Screen(s) □ Swimmi	Play Equipment
Who will do the actual work on the	e improvement?	
_	l areas that apply) Dwelling □ Side of Dwelling □	<u> </u>
•	on. Including the type of material (we	ood vinyl, metal etc.) and colors to be / roof etc.

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Construction Start Date E	stimated Completion Date
and contact me in writing regarding their decision. I unde commence until written approval of the Architectural R such has been received by me. I represent and warrant t design guidelines found in the recorded covenants and re	deview Committee, Board, Association Manager or Agent for that the requested changes strictly conform to the community destrictions and that these changes shall be made in strict on responsible for complying with all state, city and county
Architectural Review Committee nor their respective mem representatives or employees shall be liable for damages modification or alteration by reason of mistake in judgment respect to any submission. None of the foregoing assume	or otherwise to anyone requesting approval for a property nt, negligence or non-feasance, arising out of any action with s any responsibility regarding design, methods of construction, ovenant not to sue all of the foregoing from/for any claims or
☐ I understand and agree with the above statement.	Today's Date

