

**SUNPORT COMMERCE CENTER CONDO, INC.**  
**ARCHITECTURAL REVIEW BOARD (ARB) APPLICATION**  
 MAIL APPLICATION TO: 6972 LAKE GLORIA BLVD. ORLANDO, FL 32809-3200  
 OFFICE: (407) 781-1406 EMAIL: [arb@lelandmanagement.com](mailto:arb@lelandmanagement.com)

**Applications must be received by e-mail or mail only. Faxed applications will not be processed. Thank You**

Name \_\_\_\_\_ Email \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (s) Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

In accordance with the Declaration of Covenants, Conditions and Restrictions and the Association's Rules and Regulations, installation must conform to this approval and the Association's guidelines.

I hereby request your consent to make the following changes, alterations, renovations and/ or additions to my property.

Windows/Window Treatments       Paint/Decorations       Awning/Canopy/Shutters       Signs  
 Other \_\_\_\_\_

Description:

Attach two (2) copies of the application and property survey that shows the locations of the proposed change, alteration, renovation or addition. Attach two (2) drawings of proposed plan(s). Attach two (2) color samples, if applicable.

**NOTE: APPLICATIONS SUBMITTED WITHOUT TWO (2) COPIES OF THE SURVEY, DRAWING, OR COLOR SAMPLE WILL BE CONSIDERED INCOMPLETE. IF AN APPLICATION IS INCOMPLETE, IT WILL NOT BE PROCESSED AND WILL BE RETURNED TO YOU.**

I HEREBY UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS.

1. No work will begin until written approval is received from the Association. You have 60 days from the approval date to complete the work. If not, then you must reapply for ARB approval.
2. All work will be done expeditiously once commenced and will be done in a professional manner by a licensed contractor or myself.
3. All work will be performed timely and in a manner that will minimize interference and inconvenience to other residents.
4. I assume all liability and will be responsible for any and all damages to other lots and / or common area, which may result from performance of this work.
5. I will be responsible for the conduct of all persons, agents, contractors, subcontractors and employees who are connected with this work.
6. I am responsible for complying with all applicable federal, state and local laws, codes, regulations and requirements in connection with this work. I will obtain any necessary governmental permits and approval for the work.
7. Upon receipt Leland Management, Inc. will forward the ARB Application to the Association. A decision by the Association may take up to **30 days**. I will be notified in writing when the application is either approved or denied.

ALL HOMEOWNERS ARE RESPONSIBLE FOR FOLLOWING THE RULES AND GUIDELINES OF THEIR ASSOCIATION WHEN MAKING ANY EXTERIOR MODIFICATIONS.

Signature of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Do Not Write Below This Line**

**This Application is hereby:**       **Approved**       **Disapproved**

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

Comments:

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