

Date Received: _____

**WINDSOR ESTATES HOMEOWNERS' ASSOCIATION
ARCHITECTURAL REVIEW APPLICATION**

TO: Windsor Estates Board of Directors/Architectural Review Committee
c/o Fairway Management
1331 Bedford Dr. Suite 103
Melbourne, Florida 32940

FROM: Property Owner: _____
Mailing Address: _____
Phone Number: _____ E-mail: _____

Approval requested for (Property Address) _____

* The homeowner is responsible for reviewing and complying with the current community standard for their project at the time of application and/or approval.

_____ Landscaping Plan (attach copy of proposed plan) Reference-Article II Sect.2 (d) & 5(a-h)

_____ Fence Plan and Detail (attach copy of plot plan with sketch showing fence location and denoting type, height, color, etc.) Reference-Article III, Section 10 (a-e)

_____ Pool Plan and Detail (attach copy of plot plan with sketch showing pool location, proposed screening, etc.) Reference-Article III Section 7 & 23

_____ Screen Room or Addition (attach copy of plot plan with sketch showing improvement, denoting materials to be used, colors, etc.) Reference-Article II Section 2(a-e)

_____ Exterior Painting* (attach paint samples with manufacturer name, color and paint number.) Reference-Article II Section 7 exterior covering, siding and paint) **Gutters, eaves and soffits must be white or match body color. The Windsor Estates 'Paint Request Form' must accompany all exterior painting applications.**

_____ Other*: (list details and attach copy of plan. i.e., satellite dish, solar device, storm shutters)

Date: _____ Signature: _____

***Homeowner Initial Required.**

*A current photo of the exterior of the home is required when applying for approval to paint the exterior, front door or garage door as well as roof replacement.

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED BY THE COMMITTEE.

Your application is hereby: **APPROVED:** Subjected to the following condition; (if any)

DISAPPROVED: Reason stated:

Date: _____ Signature _____

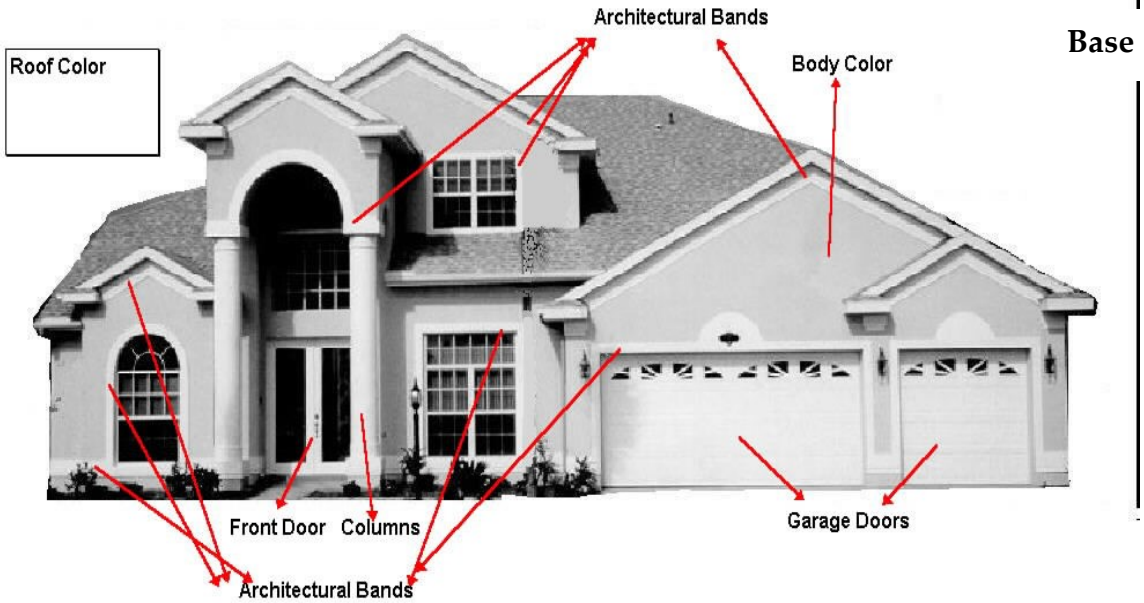
APPROVED REQUEST MUST BE COMPLETED WITHIN 6 MONTHS

Note: These plans have been reviewed for the limited purpose of determining the aesthetic compatibility of the plans with the community in general in the subjective opinion of the approving authority. These plans are approved on a limited basis. No review has been made with respect to functionality, safety, and compliance with governmental regulations or otherwise, and no reliance on this approval should be made by any party to such matters. The approving authority expressly disclaims liability of any kind with respect to these plans, the review hereof, or any structures built pursuant hereto, including, but not limited to liability for negligence or breach of express or implied warranty.

Paint Palette Number

PAINT REQUEST FORM

Fill in the boxes



Body Color
 Manufacturer: _____
 Color Name: _____
 Color #: _____

Trim Color (i.e. Architectural Bands)
 Manufacturer: _____
 Color Name: _____
 Color #: _____

Front Door Color
 Manufacturer: _____
 Color Name: _____
 Color #: _____

Columns Color
 Manufacturer: _____
 Color Name: _____
 Color #: _____
 Note: If columns are to be painted a trim color,
 That color must be approved for the columns.

Garage Door(s)
 Manufacturer: _____
 Color Name: _____
 Color #: _____

HURRICANE SHUTTERS – YES NO - COLOR _____

DECORATIVE SHUTTERS – YES NO - COLOR _____

Gutters, Eaves, Down Spouts, and Soffits must be White or House Body Color
 Garage Door Color Must Be White/Off White or House Body Color

A CURRENT PHOTO OF THE HOME MUST BE SUBMITTED WITH YOUR APPLICATION