

# Oak Grove P.U.D. Homeowners Association, Inc.

• 2209 Collier Parkway • Suite 141 • Land O' Lakes, Florida 34639 •  
Phone/Fax: (813) 448-3841 • www.OakGroveHoa.com

## ARCHITECTURAL CONTROL COMMITTEE: ARCHITECTURAL REQUEST FORM

Chairperson Email: ACC@OakGroveHOA.com

(ACC Meetings are the second Tuesday of the month)

**\*\*Please allow 10 days from the date of the meeting for written response\*\***

**→ Please see Paint Request and Fence Request Forms also available online.**

Request(s) may be emailed to the chairperson, faxed or mailed to the HOA mailing address above.

Name: \_\_\_\_\_

Oak Grove Address for request: \_\_\_\_\_

Phase Number & Lot Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email address (if applicable): \_\_\_\_\_

Mailing address is different than above: \_\_\_\_\_

Detailed description of request (including color): \_\_\_\_\_

Contractor's & Subcontractor's name: \_\_\_\_\_

Information required to be attached to this request (please initial):

\_\_\_\_\_ Request form-completed (separate form for each request)

\_\_\_\_\_ 2 copies of lot survey (per deed restrictions) with outdoor requests drawn on 1 (one) copy

\_\_\_\_\_ Copy of contractor's proposal(s)/quote (dollar amounts are not necessary-we need the information regarding supplies, etc., that are included on these forms) OR detailed list of all materials being used if you are performing the work yourself along with dimensions of all work

\_\_\_\_\_ Photos, drawings or sketches, if any (i.e. provided with proposal or quote, brochure/pamphlet, etc)

Additional information for specific requests such as:

- Photo or sample for brick pavers
- Color of fencing

**\*\*Please note that the above items will NOT be returned, so please give us a copy and keep your originals.**

**VERBAL REQUEST OR APPROVALS ARE NOT PERMITTED. All requests and approvals must be in writing and on file to be acceptable. Letters of approval/denial are mailed within 10 days of the ACC monthly meeting, provided all required information is received. If we do not receive the required information stated above, your request WILL BE RETURNED and you will need to RESUBMIT and wait for the next month's meeting.**

(PLEASE DO NOT WRITE BELOW THIS LINE)

Committee decision: (Circle one)

APPROVED

DISAPPROVED

Reason for disapproval: \_\_\_\_\_

Committee Signatures (sign/date): \_\_\_\_\_

(two committee members required)

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