



OFFICE USE ONLY

RECEIVED BY: _____

DATE RECEIVED: _____

**REQUEST FOR ARCHITECTURAL COMMITTEE REVIEW
SORBET AT LAKES OF AVALON HOMEOWNERS ASSOCIATION INC.**

DOCUMENT CHECK LIST

- SURVEY/PLOT PLAN SPECIFICATIONS
- BUILDING PLANS PERMIT
- ELEVATIONS PHOTOS
- DETAILS OTHER (NOTED)

REQUEST FORM

DATE: ____/____/____

NAME: _____

LOCAL ADDRESS _____

CITY, ZIP: _____

PHONE: (HM) _____

(WK) _____

BRIEF DESCRIPTION OF ADDITION, ALTERATION, IMPROVEMENT, ETC.
(PLEASE INCLUDE SUCH DETAILS AS THE DIMENSIONS, MATERIALS, COLOR, DESIGN,
LOCATION & ANY OTHER PERTINENT DATA):

CONTRACTOR: _____

ADDRESS: _____

CERT OF INS _____

OCCUPATIONAL LIC NO. _____

CERT OF COMPETENCY NO. _____

**ALL WORK SUBJECT TO ALL BUILDING CODE
RESTRICTIONS AND REQUIREMENTS
INCLUDING SET-BACKS.**

**ASSOCIATION APPROVAL DOES NOT
GUARANTEE DADE COUNTY APPROVAL**

FOR ASSOCIATION USE ONLY

- APPROVED (AS NOTED)
- PRELIMINARY APPROVAL SUBJECT TO REVIEW
- INSUFFICIENT INFORMATION SUBMITTED —RESUBMIT
- NOT APPROVED (NOTED)

COMMENTS: _____

APPROVED BY _____