



DATE RECEIVED BY DCB CLERK _____ PICK UP / MAIL EMAIL: _____

Applications will be processed within a week excluding weekends and holidays or conditions of major force unless the request is considered to be presented for the Design Control Board on a case by case basis.

DESIGN CONTROL BOARD RESIDENT REQUEST FORM

2190 Marigold Ave

POINCIANA, FL 34759

PHONE# 863-427-0900 Fax 863-427-9282

DATE: _____

PROPERTY OWNER: _____ TELEPHONE: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS (if different from property) _____

EMAIL _____ TENANT NAME: _____

If the property owner is not completing this application, a written authorization from the owner or the owner's authorized representatives must accompany this form

NEED A COPY OF THE PROPERTY SURVEY

I WOULD LIKE TO CONSTRUCT, ERECT, INSTALL, OR REPAINT THE FOLLOWING:

An approval from the Board does not substitute or serve in lieu of any requires County Building Permit. However, a letter of approval may be used to facilitate obtaining the Building Permit.

Approval request requires compliance with the Deed of Restrictions and the Design Control Board Criteria. Applicants acknowledge and agree with Design Control Board Provisions and to uniform enforcement of the provisions.

Property Owner is responsible to restore to original condition any swales or greenways around this lot that are damaged by the builder or any of the builder's sub-contractors.

Property Owner must contact all utility companies, including bright House Networks before doing any digging.

I and /or my assign (s) have read the requirements set forth above and have understood that the compliance with the Design Control Board Criteria is my /our responsibility without further notification from Association of Poinciana Villages, Inc. I/We will abide by the terms set forth in the Design Control Board Criteria.

PROPERTY OWNER'S SIGNATURE: _____

DATE: _____

ASSIGNEE/OR CONTRACTOR'S SIGNATURE: _____

DATE: _____