TWIN LAKES SUBDIVISION ASSOCIATION, INC. C/O Wise Property Management 3903 Northdale Blvd Ste 250W

Phone 813.968.5665 Fax 813.968.5335

Email: cmclark@wisepm.com

Is this applicati	on a resubmittal of a pr	revious application? Yes / N	No (circle one) Date Sub	mitted:
The undersign	ed owner seeks appr	oval of the Committee as f	follows (circle all that a	apply):
Pool / Spa	Screen Enclosure	Solar Heating Panels	Satellite Dish	Fence
Landscaping	Painting	Storm Shutters	New Construction	Other
Narrative Des	cription of Additions/	Alterations:		
(Continue on A	Additional Sheet if Ne	cessary)		
INCLUDED: (P	LEASE CIRCLE ALL TH	AT APPLY)		
	_	Please indicate on lot survey	where alterations will b	oe located on the
proper				
	ication for Alteration Swatches			
	ial Sample			
5. Broch	_			
6. Photog				
7. Drawi				
	•	by acknowledges and agree	es that the undersigned s	shall be solely
		the improvements, alteration		
		ulations, code, and ordinan		
		nd building codes. The ACC		
		ts, alterations and additions		
	des or ordinances.	is, arterations and additions	comply with any such i	avvo, raico,
_				
SIGNATURE O	F OWNER:		DATE:	
PRINTED NAM	E:	ADDRESS:		
LOT & BLOCK N	JIIMBERS:	PHONE: (H):	(C)·	
PLEASE ALLOV	W UP TO 30 DAYS TO I	RECEIVE AN APPROVAL F	ROM THE ARC COMMIT	TEE
		ACTION OF THE COMMIT	TEE:	
RECOM	MEND APPROVAL WIT	H CONDITIONS:		
		MANA DELACON		
REQUES	ST DENIED FOR FOLLO	WING REASON:		
Architectural C	ontrol Committee:		Date:	