

Date Submitted _____

Date Received _____

ARCHITECTURAL CHANGE REQUEST

Property Owner: _____ Phone: _____

Address: _____ Phase #: _____ Lot #: _____

Submitted By: _____ Neighborhood: _____

E-mail: _____

Purpose of Application:

Two sets of plans (and plat maps, where applicable) required with each application

Neighborhood Action:

Date: _____

_____ Approved By: _____ Print Name _____

_____ Disapproved By: _____ Print Name _____

Comments: _____

Legends Action:

THESE PLANS HAVE BEEN REVIEWED FOR THE LIMITED PURPOSE OF DETERMINING THE AESTHETIC COMPATIBILITY OF THE DESIGN PLANS WITHIN LEGENDS. GENERALLY IN THE SUBJECTIVE OPINION OF THE UNDERSIGNED. THESE PLANS ARE APPROVED ON A LIMITED BASIS. NO REVIEW HAS BEEN MADE WITH RESPECT TO FUNCTIONALITY, SAFETY COMPLIANCE WITH GOVERNMENTAL REGULATION, OR OTHERWISE AND NO RELIANCE ON THIS APPROVAL SHOULD BE MADE BY ANY PARTY WITH RESPECT TO ANY SUCH MATTERS. THE UNDERSIGNED 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.

_____ Approved _____ Disapproved

Legends Architectural Review Board

By: _____

Date of Action: _____

IMPORTANT:

IMPROVEMENTS MUST MEET ALL FEDERAL, STATE, COUNTY AND CITY OF CLERMONT BUILDING CODES. APPLICATIONS EXPIRE ONE YEAR FROM APPROVAL AND CANNOT BE TRANSFERRED TO NEW OWNER. APPLICATIONS WILL BE REVIEWED FOR APPROVAL BASED ON THE LEGENDS DECLARATIONS, ACC GUIDELINES AND COMMUNITY STANDARDS.

Comments: _____

Return Applications:

LEGENDS CLUBHOUSE

1690 Legendary Blvd. • Clermont, FL 34711 • Phone: 352-243-6370 • Fax: 352-243-6374 • E-mail: legendsmaster@cfl.us.com

WHITE - Legends File YELLOW-Neighborhood File PINK-Homeowner (upon completion)