

Magic Landings Association, Inc.  
ARCHITECTURAL REVIEW BOARD (ARB)

APPLICATION

MAIL APPLICATION TO: 120 MAGIC LANDINGS BLVD, KISSIMMEE, FL 34744

If you have questions or can supply documents by email to: [cam.magichoa@gmail.com](mailto:cam.magichoa@gmail.com)

**Applications for exterior paint color must be received by mail only. Thank You.**

Name \_\_\_\_\_ Email \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone(s) Home \_\_\_\_\_ Cell \_\_\_\_\_

In accordance with the Declaration of Covenants, Conditions and Restrictions and the Association's Rules and Regulations, installation must conform to this approval and the Association's guidelines.

I hereby request your consent to make the following changes, alterations, renovations and/ or additions to my property.

- Fence     Swimming Pool     Lawn Ornament     Patio     Screen Enclosure  
 Exterior Paint Color     Landscaping     Solar Panels     New Windows     Other

Description:

\_\_\_\_\_  
\_\_\_\_\_

**Please attach copy of the property survey that shows the locations of the proposed change, alteration, fence line, renovation or addition. Please supply color swatches for all paint being used. Attach a copy of the drawings of proposed plan(s).**

**NOTE: APPLICATIONS SUBMITTED WITHOUT A COPY OF THE SURVEY, DRAWINGS OR COLOR SAMPLES WILL BE CONSIDERED INCOMPLETE. IF AN APPLICATION IS INCOMPLETE, IT WILL NOT BE PROCESSED OR APPROVED.**

I HEREBY UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS.

1. No work will begin until written approval is received from the Association.
2. All work will be done expeditiously once commenced and will be done in a professional manner by a licensed contractor or myself.
3. All work will be performed timely and in a manner that will minimize interference and inconvenience to other residents.
4. I assume all liability and will be responsible for any and all damages to other lots and / or common area, which may result from performance of this work.
5. I will be responsible for the conduct of all persons, agents, contractors, subcontractors and employees who are connected with this work.
6. I am responsible for complying with all applicable federal, state and local laws, codes, regulations and requirements in connection with this work. I will obtain any necessary governmental permits and approval for the work.
7. Following receipt of the ARB Application, a decision by the Association may take up to **21 days**. I will be notified in writing when the application is either approved or denied.

ALL HOMEOWNERS ARE RESPONSIBLE FOR FOLLOWING THE RULES AND GUIDELINES OF THEIR ASSOCIATION WHEN MAKING ANY EXTERIOR MODIFICATIONS.

Signature of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Do Not Write Below This Line**

**This Application is hereby:  Approved     Disapproved**

Date \_\_\_\_\_ Approved by BM's: \_\_\_\_\_