application Serial Number(s):		
.,	(For NEXLIS use only)	

THE SANCTUARY COMMUNITY ASSOCIATION, INC. ARCHITECTURAL REVIEW APPLICATION

EXTERIOR PAINT

(For any other project, see applicable form)

Approval is required from the ARCHITECTURAL REVIEW COMMITTEE (ARC) PRIOR TO COMMENCEMENT OF ANY WORK. If all required information is not included with this form at the time of submission, the application will be disapproved. The ARC meets on the 2nd Thursday of the month, at 7PM, at the Amenity Center. Applications must be received on or before the Monday before the meeting. Applications after that point will be considered at the following meeting – please plan your project accordingly.

	The Sanctuary Architectural Review Committee c/o Nexus Community Management 1809 E. Broadway St., Suite 408	
OR, drop off the completed form and support package to the Clubhouse Office OR, scan the package and email to <u>sanctuaryclubhouse@cfl.rr.com</u> – you will still need	Oviedo, FL 32766 d to drop off any required samples, or attend the meeting with samples	
Property Owner's Name:	- Lot #	
Owners' Mailing Address: (If different from Property Address)	Resident's Name:	
	Property Address:	
Email:	Phone: DayNight	
 The Sanctuary has an established and fixed color palette for body and trim colors. No variations are possible. 		nbors' homes)
 Garage doors must be either the body color, of trim. 	or	
 The color palette does not specify front/side doc colors. Please provide a swatch with application Swatches are not required for "black." 		ors)
 Your proposed color must <u>not</u> be similar to you neighbor, which means left, right, and directly across the street. 	Carage 2001 Colori	
 Please review the Community Developmer Standards for complete details related to pain <u>before</u> you submit the application. 		
(Initial here – <u>required</u>) I have compared this proposed body co immediate neighbors' homes. <i>Immediate neighbors are left, right, a</i>	olor choice to my immediate neighbors' homes , and my selection is not similar to and directly across the street.	to my
Owner's Signature (required):		
By signing this application, I/we consent to being contacted by the Ass	sociation regarding this project, and I/we have read the Community Developmen we understand the modification cannot begin before receiving approval from the	
THIS SECTION TO BE COMPLET	TED BY THE ARCHITECTURAL REVIEW COMMITTEE	
crchitectural Review Board Determination: APPROVED	DISAPPROVED STIPULATIONS//CONDITIONS	

PLEASE NOTE: Application approvals are valid for ONE YEAR from the approval date. If work on an approved project has not commenced by that time, a NEW Application must be submitted!