

# Ashton Park Homeowners Association Inc.

## Architectural Committee

### GENERAL **PAINT** FORM-**PAINT Only**

This form must be completed by the homeowner and approved by the Architectural Committee **BEFORE** any work commences. Please refer to your Declaration of Covenants & Restrictions for a description of the Architectural Committee and its purpose.

Homeowner's Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Mailing Address (if different than above): \_\_\_\_\_

*I agree that I will be responsible for upkeep, maintenance and future repair of changes that I am making. I further agree that all painting will be done within 90 days of approval or I will re-submit to the Architectural Committee again.*

Homeowner's Signature: \_\_\_\_\_ Form Completion Date: \_\_\_\_\_

1. **ANTICIPATED START DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. **ANTICIPATED COMPLETION DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### 3. **PAINT TYPE:**

- A. What type of paint are you going to use? **Flat** **Satin** (Please circle one)  
B. If you are painting your home the existing color, are color chips attached? **Yes** (Please circle yes)\*  
C. In order for the Architectural Committee to review your submittal, did you attach color chips for all areas that you intend to paint?-Trim, Doors, Garage Door and Body **Yes** (Please circle yes)\*

#### 4. **SPECIFIC COLORS:**

1. Body Color Name: \_\_\_\_\_ Mfgr. Paint Code: \_\_\_\_\_ Brand Paint: \_\_\_\_\_  
2. Garage Door Color Name: \_\_\_\_\_ Mfgr. Paint Code: \_\_\_\_\_ Brand Paint: \_\_\_\_\_  
3. Front Door Color Name: \_\_\_\_\_ Mfgr. Paint Code: \_\_\_\_\_ Brand Paint: \_\_\_\_\_  
4. Trim Color Name: \_\_\_\_\_ Mfgr. Paint Code: \_\_\_\_\_ Brand Paint: \_\_\_\_\_

**\*PAINT CHIPS MUST BE ATTACHED TO THE BACK OF THIS FORM.** Even if you are not painting a surface, a chip **MUST** be included so that the Architectural Committee can see the relationship of all colors.

<p><b><u>Please forward submittal to this address only:</u></b> SWP Management AC Submittal P.O. Box 7 Gotha, FL 34734</p> <p>Date <b>APPROVED</b> by AC ____ / ____ / ____ Initialed ____ Initialed ____ Initialed ____</p>	<p><b>Architectural Committee-</b> To help a homeowner better understand conditions or reasons for a denial, please be very specific.</p> <p>Date <b>DENIED</b> by AC ____ / ____ / ____ Initialed ____ Initialed ____ Initialed ____</p>	<p>Mgmt. Company Rec'd Stamp</p>
<p>Date <b>approved w/conditions</b> by AC ____ / ____ / ____ Initialed ____ Initialed ____ Initialed ____</p> <p>Conditions: _____ _____ _____</p>	<p>Reason (s): _____ _____ _____ _____</p>	<p>ARC Rec'd Stamp</p>

This form should be mailed only to: **SWP Management-PO Box 7-Gotha, FL 34734**