Providence Neighborhood Association Inc.

Architectural Review Board

GENERAL PAINT FORM-PAINT Only

This form must be completed by the homeowner and approved by the Architectural Review Board **BEFORE** any work commences. Please refer to the Providence Homeowner's Documents for a description of the Architectural Review Board 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 Review Board again.
The undersigned agrees to adhere to the directives and terms outlined on this form as approved by the ARB, and are responsible to make necessary corrections if the approved terms are altered.

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 Review Board to review your submittal, did you attach color chips for all areas that you intend to paint?-Trim, Doors, Shutters, and Body **Yes** (Please circle yes)*

4. SPECIFIC COLORS:

1. Body Color Name:_____Mfgr. Paint Code:_____Brand Paint: _____
2. Shutters: _____:_____Mfgr. Paint Code:_____Brand Paint: _____
3. Front Door Color Name: _____Mfgr. Paint Code:_____Brand Paint: _____
4. Trim Color Name: _____Mfgr. Paint Code:_____Brand Paint: _____

Note: The color of the Soffits and the Fascias MUST remain white. The color of the paint may not be the same as the neighboring or adjacent houses. The color of the garage door is required to be the same as the house color. The color of the shutters and front door ***must*** be specified.

***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 Review Board can see the relationship of all colors.**

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

Revised July 2010