

Instructions for completing the ARC Modification Request Form

Lake St. Charles ARC Requests and Documentation shall be submitted by email: HELP@LSCHOA.COM

1. Please PRINT/TYPE legibly.
2. Provide complete homeowner's **Name, Email, Phone number, and address of the home** for which the modifications are being requested. Please make note **if the owner's mailing address is different from the home address where the modifications are being requested.**
3. ARC requests must be accompanied by the following (documents/information) attached to your application.

Exterior Paint requires checking **LSC PAINT BOOK** that can be found online WWW.LSCHOA.COM or at the **Club House**. **YOU MUST Note the Color Scheme for EVERY Paint Color Code you choose.**

FOR NON-PAINT ARC Applications Please Provide ANY of the following that is applicable to Your ARC Application:

- ❖ A.) **Attach:** Contractor Quote, Specifications, Photographs, or brochure
- ❖ B.) Plot plan (survey of lot) – Please show the improvement (i.e. deck, fence, landscaping, parking pad, garden, addition, etc.) and its relationship/distance to property lines, easements, open space, drainage ditches, neighboring homes, etc.
- ❖ C.) Elevation – or “head on” view, as would be seen in a photograph. The elevation drawing should show height, width, distance above finished grade and details of the proposed request. Be specific in order to expedite the architectural review process.

5. It is recommended that homeowners check with the County Building Inspections Department to obtain necessary permits & building code information.

6. **Submit the all documents via email:**

HELP@LSCHOA.COM

For Further help or assistance please Call or Text: 813-593-4463

**APPLICATION FOR PROPERTY IMPROVEMENT
EXTERIOR PAINT & ROOFING**



Owner Name(s)			
Address		Phone No.	
Email Address			

Request Type **Paint** **Roof** **Both Paint & Roof**
(Check One)

PAINT

***Please Note: The book of approved paint schemes may be found at LSCHOA.COM*

↓ Paint Scheme No.		Soffit Color	Choose 1: <input type="checkbox"/> White or <input type="checkbox"/> Trim
#	Base Color Code	Fascia Color	Choose 1: <input type="checkbox"/> White or <input type="checkbox"/> Trim
#	Trim Color Code	Gutters	Choose 1: <input type="checkbox"/> White or <input type="checkbox"/> Trim
#	Door Color Code	Downspouts	Choose 1: <input type="checkbox"/> White or <input type="checkbox"/> Trim

****Garage doors can only be the color of the base or trim *** If shutters exist they must be the same color as the front door color****

ROOF

***Please Note: Shingle style should be architectural/dimensional*

Shingle Color & Style	
Shingle Brand/Manufacturer	
Shingle Warranty (YEARS)	

Owner Signature		Date	
Estimated Work Completion Date			

FOR BOARD USE ONLY ~ ACTION OF ARCHITECTURAL COMMITTEE

Recommend Approval Recommend Disapproval Need More Information

_____ *Date* _____
Architectural Committee Chairperson

COMPLIANCE CONFIRMED AND CLEARED	(YES or NO)	COMMITTEE ACTION OFFICER	DATE