Exhibit A

Solivita Application Form

APPLICATION FOR ARCHITECTURAL REVIEW COMMITTEE

Please hand deliver, mail or email this form with required plans and specifications to:
ARCHITECTURAL REVIEW COMMITTEE SOLIVITA COMMUNITY ASSOCIATION, INC. 395 Village Dr Ste C

Telephone # 863-427-7022 or 7032 Email: compliance@solivitahoa.com

Kissimmee FL 34759-4012			
Name of Owner (s):			Email Address:
Street Address:			
Date:	Lot #	Phase #	Phone number:
Approval is hereby requested for TYPE (Check applicable box and	_		ion(s) and/or alterations as described below and on attached pages:
AdditionDoors New/ModificationDriveway ModificationExterior PaintGenerator/Gas Tank	Hurricane ShuttersLandscaping/CurbingPatio/Pavers/WalkwayPool/SpaRoof Shingle/Tile Replacement		Satellite DishScreen Enclosure/Screen Front EntrySolar Collectors (Fans/Tubes/Panels)Wall/FenceYard Art/Wall Art/Statuary
IS THIS A RESUBMITTAL?YESNO Additional Information:			
Your Approval is subject to the following attached Addendum(s)			
Owner's Signature		С	Completion Date:
Date of Approval/Disapproval		N	Must contact HOA upon completion for inspection Signature-Architectural Review Committee
Approved Disapproved_			
Signature-Architectural Review Committee Your approval is subject to the following: 1. You are responsible for obtaining any necessary permits from the appropriate Building and Zoning Department(s). 2. Access to area of construction is only allowed through your property, and you are responsible for any damages. If access is needed on neighboring properties, an Access Agreement Form is required.			
Explanation			