

**VISTA del LAGO**  
**Architectural Review Application**

Name \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Cell/Other: \_\_\_\_\_ Email: \_\_\_\_\_

Submit Application to:  
Vista del Lago Clubhouse Office  
Or mail to: 14465 Vista del Lago Blvd.  
Winter Garden, FL 34787  
Lot#: \_\_\_\_\_

In accordance with the Vista del Lago Rules & Regulations, I hereby request your consent to make the following changes, alterations, renovation and/or additions to my property:

**ONE REQUEST PER APPLICATION**  
**MULTIPLE REQUESTS ON ONE APPLICATION WILL BE RETURNED**

- Exterior Paint     Landscaping     Driveway Extension     Lawn Replacement
- Rubbermaid Storage Shed     Patio     Screen Enclosure     Other

Description/Materials/Dimensions: \_\_\_\_\_  
\*\*\*Please draw a description of project on back side of form\*\*\*

Project Start Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

Attach a copy of lot layout with location of the proposed change, alteration, renovation or addition highlighted. Include a drawing of your plans and paint or color samples if applicable. Attach any applicable contractor estimates or proposals. Note: Applications submitted without copies of the drawing, or color sample will be considered incomplete. Copy of contractor's license, and Orange County permit must be submitted to the office. No contractor signs may be installed or erected on your lot.

**I/We Hereby understand and agree to the following stipulations:**

1. No work will begin until written approval is received from Management.
2. All work once commenced must be completed 30 days per Rules and Regulations and will be done by me or a licensed contractor using high quality workmanship.
3. All work will be performed at a time and in a manner to minimize interference and inconvenience to other residents. Noise related jobs permitted 8am-6pm.
4. I/We assume all liability and will be responsible for all damage to other lots and/or common area or injury which may result from performance of this work.
5. I/We am/are responsible for complying with and will comply with, all applicable federal, state and local laws, codes, regulations and requirements in connection with this work.
6. I/We will contact the underground cable locating service, "Call Sunshine", 48 hours prior to digging at 1-800-432-4770. There is "no charge" to the homeowner for their service.
7. Decisions by Vista Management may take up to fourteen (14) days. I/We will be notified in writing when the application is approved or disapproved.

Signature of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

---

This Application is hereby:     Approved     Disapproved     Permit Required

Approval Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Management Comments: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date to Owner: \_\_\_\_\_