CAMELOT RESIDENCES INC

c/o Dragon Property Management PO Box 542876 - Merritt Island, FL 32954-2876

Office: 321-338-2588 Email: office@dragonpm.com Fax: 321-574-4155

APPLICATION FOR ARCHITECTURAL REVIEW

Two sets of plans required with each application.		**COMMITTEE HAS 30 DAYS TO RESPOND	
Property Owner:_			
Unit Number:		Phone #	
	bove described property, I /We submit the e. It is my/our desire to add or change the	following for consideration and approval of the Architectural following:	
(Attach necessa Shutter i (Attach	plans, specifications and ry permit information)	Window replacement (Attach specifications and necessary permit information) Other Describe:	
for any damage of Residences Inc. as I further state tha City, County or State **NO PROJECT	r alteration which may happen to Camelot is a result of this project and agree to replate I will be responsible to obtain all appropriate agencies prior to commencement of the will commence UNTIL AN APPROVI	ED APPLICATION HAS BEEN RECEIVED BY OWNER.	
Date:	Owners Signature:	Project Start Date:	
the subject opinio and restrictions. P functionality, safet made by any part	n of the approving authority and whether t lans are approved or disapproved on a limity, compliance with governmental regulation y with respect to such matters. The approving review there of, or any structures built,	ing aesthetic compatibility with the community in general in the plan is in compliance with the Declaration of Covenants ted basis. No review has been made with the respect to ons, or otherwise, and no reliance on approval should be ring authority disclaims liability of any kind with the respect to including, but not limited to liability for negligence or breach	
Date:	Approved:		
Date:	Approved:	·	
Date:	Approved:		
Date:	Disapproved:		
Date:	Disapproved:		
Date:	Disapproved:		