HOMEOWNERS ASSOCIATION OF GATEWAY GARDENS

WOOD FENCE ARCHITECTURAL MODIFICATION REVIEW REQUEST

This option is available on perimeter lots and canal lots up to the property line and lake lots only on side yards. Smooth side of fence must face road at front of house, and in back of the house, smooth side must face neighbor's yard.

Material: 5 quarter pressure treated board placed side by side
Color: Must be painted to match current house stucco color
Height: Minimum Height 4ft., Maximum height 6 ft. - (Please circle height choice)

-All forms must have a copy of the survey attached with a sketch showing fence placement
-All forms must be signed by each party on the deed of the property

From: (Owner's Name) _____Lot #_____

Address: _____

Home Phone: _____Cell Phone: _____

Email Address: _____

I am agreeing to comply with each of the following by initialing in front of each line item:
_____ 1. That if the modification is not completed as approved, said approval can be revoked and the modification(s) will be required to be removed at the owner's expense.
_____ 2. To comply with all state, county and city building codes to obtain necessary permits if applicable.
_____ 3. That I am responsible to pay for any repair and all damage done to the common areas as a result of the installation.
_____ 4. To abide by the decision of the Board of Directors.
_____ 5. That if the modification is not approved or does not comply, I/we may be subjected to court action by the association and that I/we shall be responsible for all reasonable attorney fees.
_____ 6. If the Association incurs an expense while considering the application with an outside professional (i.e., a licensed Architect) the applicant will be responsible for said fee.

_____ Date work will begin: _____
Owner Signature Date Date work will finish: _____

Submit/mail completed form to: Gateway Gardens HOA office
****** Please allow up to 30 days from submittal for approval. ******
Date Received: _____

_____ _____
Approved by Date Not Approved by Date

Comments:
_____

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