

CELINA HILLS
NEW CONSTRUCTION/EXTENSIONS/POOLS
PLAN APPROVAL CHECKLIST

FOR ACB USE ONLY

DATE RECEIVED: _____

PROPERTY OWNER'S NAME:	
ADDRESS FOR APPROVAL:	
BLOCK: _____ LOT: _____	
CURRENT ADDRESS:	
CONTACT PHONE:	DATE OF APPLICATION _____
EMAIL ADDRESS OF PROPERTY OWNER:	
BUILDER'S EMAIL ADDRESS:	

REQUIRED BLUE PRINT: _____ PLOT PLAN: _____ LANDSCAPE PLAN: _____ (WITH SOD MEASUREMENTS)**BUILDER/SUPPLIER** _____**ADDRESS:** _____**CONTACT PHONE:** _____**SQUARE FOOTAGE:** _____ (minimum of 1,200 sq. feet living space)**COLORS: HOME** _____ **TRIM** _____**DOORS (COLORS)- FRONT ENTRY** _____ **SIDE ENTRY** _____**GARAGE DOOR: COLOR** _____ **FACING (SIDE OR FRONT):** _____**ROOF TYPE (SHINGLE-METAL-TILE)** _____ **ROOF COLOR** _____**DRIVEWAY TYPE: CONCRETE** _____ **PAVERS** _____**SET BACKS:****FOR ACB USE ONLY:****FRONT** _____ **MIN OF 25'****ACTUAL:** _____ **FT****SIDES** _____ **MIN OF 10 '****ACTUAL:** _____ **FT****REAR** _____ **MIN OF 20'****ACTUAL:** _____ **FT****DRIVEWAY/TURN PAD** _____ **(MIN 10' FROM LOT LINE)** **ACTUAL:** _____ **FT****SHIELDING OF ELECTRICAL EQUIPMENT; A/C** _____ **POOL:** _____ **OTHER:** _____ (PLEASE SPECIFY)**ACB INITIAL:** _____

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ADDRESS: _____ (CONTINUED FROM PAGE 1)

NEEDED INFORMATION FOR EXTENTIONS

BLUE PRINT: _____ PLOT PLAN: _____ LANDSCAPE PLAN: _____

BUILDER/SUPPLIER _____

ADDRESS OF BUILDER: _____

CONTACT PHONE: _____ **EMAIL ADDRESS** _____

SET BACKS: SIDES _____ **MIN OF 10'** **REAR** _____ **MIN OF 20'**

ROOF: (SHINGLE-METAL-TILE, MUST MATCH HOUSE) _____ **COLOR** _____

COLORS: EXTERIOR WALLS _____ **TRIM** _____ (MUST MATCH HOUSE)

NEEDED INFORMATION FOR POOLS

BLUE PRINT: _____ PLOT PLAN: _____ LANDSCAPE PLAN: _____

BUILDER/SUPPLIER _____

ADDRESS OF BUILDER/SUPPLIER: _____

CONTACT PHONE: _____

SET BACKS: SIDES _____ **MIN OF 10'** **REAR** _____ **MIN OF 20'**

SCREEN ENCLOSURE (FENCE - SERPERATE FORM)

You may request a representative of the Architectural Committee to meet with you to discuss additions or changes to your property. Prior to submitting your request, call 352-746-6770 to make and appointment.

APPROVED BY & DATE:

1. _____ **DATE:** _____

2. _____ **DATE:** _____

3. _____ **DATE:** _____

CONDITIONS TO BE MET:
