

**HERITAGE HARBOR GOLF & COUNTRY CLUB COMMUNITY ASSOCIATION
DESIGN REVIEW BOARD (DRB) APPLICATION
19502 HERITAGE HARBOR PARKWAY, LUTZ FLORIDA 33558 * (813) 949-6841**

Date Check Received _____
Check No. _____
Date Check Returned _____

- * DRB Meetings are usually held the 2nd Tuesday of each month (subject to change).
- * APPLICATIONS MUST BE RECEIVED BY THE 1ST OF EACH MONTH.
- * A \$50.00 application fee shall apply to all applications. NO applications will be considered for review without a check attached.
- * The \$50.00 fee will be returned if project does not commence prior to receiving written approval from the DRB.

APPLICATION DATE: _____ DATE RECEIVED BY DRB: _____

Is this application a resubmission of a previous application? Yes No (Circle One)

The undersigned owner seeks approval from the Heritage Harbor Design Review Board ("DRB") as follows (circle all that apply):

Pool/Spa Screen Enclosure Fence Landscaping Other

Narrative Description of Additions/Alterations: _____

(Continue on Additional Sheet if Necessary)

*****COPY OF OFFICIAL LOT SURVEY SHOWING THE LOCATION OF THE IMPROVEMENT MUST BE SUBMITTED WITH THE APPLICATION OR IT WILL NOT BE REVIEWED.*****

Also included (circle all that apply):

Specifications for Alterations Color Swatches Material Sample Brochures Photographs Drawings

The undersigned property owner hereby acknowledges and agrees that the undersigned shall be solely responsible for determining whether the improvements, alterations or additions described herein comply with all applicable laws, rules and regulations, code, and ordinance; including, without limitation, zoning ordinances, subdivision regulations, and building codes. The DRB shall have no liability obligation to determine whether such improvements, alterations and additions comply with any such laws, rules, regulations, codes or ordinances.

I WILL NOTIFY THE DRB IN WRITING WITHIN 30 DAYS OF COMPLETION OF THE PROJECT BY PROVIDING A NOTICE OF COMPLETION FORM.

PRINTED NAME OF OWNER: _____

ADDRESS: _____

PHONE NUMBER: _____

ACTION OF THE DRB

_____ RECOMMEND APPROVAL _____ RECOMMEND DISAPPROVAL DATE: _____

COMMENTS/CONDITIONS: _____

DRB CHAIRPERSON SIGNATURE: _____

THIS APPROVAL IS GOOD FOR ONLY 6 MONTHS AFTER THE DATE OF APPROVAL AFTER WHICH TIME YOU WILL NEED TO RESUBMIT FOR APPROVAL.
(Revised August 2017)