

**DECLARATION TO THE ARCHITECTURAL  
REVIEW COMMITTEE**

Somerset Village Homeowners Association, Inc.  
11425 Sandy Hill Drive  
Orlando, FL 32821  
Phone (407) 239-6400 Fax (407) 238-0003

Lot No: \_\_\_\_\_  
Name of Owner(s): \_\_\_\_\_  
Address of Property: \_\_\_\_\_  
Telephone No: \_\_\_\_\_

**Description of work:** Include description, type of materials, colors (*paint colors and their corresponding color numbers must be chosen from the approved color paint book and listed on this form*), or color swatches. **Plans** must be attached, if applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Painting Use:** Body Color Name: \_\_\_\_\_ Color Number: \_\_\_\_\_  
Trim Color Name: \_\_\_\_\_ Color Number: \_\_\_\_\_  
Driveway Stain Name: \_\_\_\_\_ Stain Number: \_\_\_\_\_  
Current Roof Color: \_\_\_\_\_

\*I understand that if this Declaration requires work by a contractor, that I should choose a licensed and bonded (or insured) contractor. I understand that I am responsible to maintain the improvement. I understand that Association approval does not negate the necessity of any required city or county permits.

The Board of Directors thanks you for complying with Association Architectural requirements. You are helping to maintain the high standards of our community.

**Signed:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_  
**(Owner of property must sign)**

APPROVED AS SUBMITTED: \_\_\_\_ (X if approved)

ARCHITECTURAL COMMITTEE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOT APPROVED (REJECTED): \_\_\_\_\_ DATE: \_\_\_\_\_

Approved work must be completed WITHIN 3 MONTHS of approval or resubmission for a review and approval is again required. All approvals are contingent upon homeowner acquiring all applicable permits from Orange County required for that work.

Notes/Other Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_