FOR ACB USE ONLY:

CELINA HILLS SHEDS

PLAN APPROVAL APPLICATION and CHECKLIST

	DATE RECEIVED:		
PROPERTY OWNER'S NAME:			-
ADDRESS FOR APPLICATION:	BLOCK:_	L	ОТ:
PROPERTY OWNER'S PHONE#			
PROPERTY OWNER'S EMAIL ADDRESS			
No SHED shall be erected or maintained that is greater than 200 sq ft. <u>M</u> WILL NOT PERMITTED	IETAL, PLASTIC	C, FIBERGLASS AN	D VINYL SHEDS
SHEDS MUST BE OF SIMILAR DESIGN, CONSTRUCTION, COLOR AN	ID ROOFING	MATERIAL AS TI	не номе
REQUIRED INFORMATION; SQUARE FOOTAGE:(MADIMENSIONS(MAX WALL HEIGHT 8 FT)	AX. 200 SQ FT)		
VENDOR PHOTO/BROCHURE OF SHED (showing window(s) and door(s)) locations) YE	ES NO	
BLUE PRINT DRAWING PLOT PLAN EXTERIOR COLOR TRIM COLOR ROOF MATERIAL	. TYPE	ROOF COLO	PR
*BUILDER/SUPPLIER (IF APPLICABLE)			
* PHONE# EMAIL ADDRESS			
SET BACKS (from property line	*) FOR SHI	ED	
SIDES: Right- left-	REAR:		
*SET BACKS ON SIDES MUST BE A MINIMUM OF 10' (unless it is a back of 25' from the side street) *SET BACK FROM REAR	OF PROPERT	Y LINE IS A MIN	IIMUM OF 20'
Prior to submitting your request for approval, you may request a representati to discuss adding or changing A SHED, call 352-746-6770 ext. 113 to make an a		ectural Committee	to meet with you
APPROVED BY & DATE: (ACB use only)			
1DAT	ΓE:		
2DAT	ΓE:		
3DAT	ΓE:		
CONDITIONS TO BE MET:			