



*Elevating Properties, Enhancing Lives*

## ARCHITECTURAL REVIEW COMMITTEE (ARC) APPLICATION

Submitted To: c/o Virtus Property Management Services, Inc.  
6499 Powerline Road Suite # 306  
Fort Lauderdale, FL 33309

Phone Number: 954-736-5613  
Fax Number: 954-824-1823  
Email: [admin@virtuspmfla.com](mailto:admin@virtuspmfla.com)

**Please be advised that this form must be approved and executed prior to any alteration being completed. Once submitted, kindly allow up to thirty (30) days for processing.**

Name of Applicant or Responsible Party: \_\_\_\_\_

Name of Homeowner: \_\_\_\_\_

Homeowner Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Property Address: \_\_\_\_\_

Lot Number (if applicable): \_\_\_\_\_

Brief Description of Alteration and Materials being used: \_\_\_\_\_

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

Desired Start Date: \_\_\_\_\_ Estimated Time Frame of Completion: \_\_\_\_\_

### **REQUIRED DOCUMENTS:**

- A copy of your lot survey with the exact location of the proposed improvement drawn in a clear and legible manner.
- If a contractor is being used, include a copy of the contractor's license and insurance along with a copy of the proposal for the improvement or change being made.
- If you are doing the work yourself, include a detailed sketch or drawing of the improvement or change for exterior.



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- Brief letter of request providing as much information as possible regarding the exact location and description of the improvement or modification to the exterior.
- If the improvement or any part thereof is located within five (5) feet of the neighboring property, the improvement's relationship to that property should be shown in your sketch.
- If you are painting your home, a sample of the paint color **MUST** be placed on the side of the garage door facing the street for the board approval.

**CONTRACTOR'S INFORMATION**

**Name of Contractor/Business:** \_\_\_\_\_

**Homeowner Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Certified License #:** \_\_\_\_\_