



LAKEWOOD
NATIONAL
Golf Club

CHECKLIST – STORM SHUTTERS

ALL items below must be included in this request packet in order for the request to be reviewed. Failure to provide the required information will result in a delay in the review of your request and/or your request being denied due to lack of information.

	<u>Owner Initials</u>	<u>Manager's Initials</u>
ARC Request Form	_____	_____
Signed Affidavit	_____	_____
Signed Guidelines	_____	_____
Legal Lot Survey with Locations Indicated	_____	_____
Photo Sample of Style and Color	_____	_____
Vender License and Insurance	_____	_____

OFFICE USE ONLY

Manager has reviewed the ARC Request and confirmed that it is in the proper form, all base required information is included, and it is ready to be reviewed by the ARC.

Dated this _____ day of _____, 20_____

Signature of Manager: _____



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DESIGN STANDARDS – STORM SHUTTERS

Below is a summary of the approved Design Standards. This summary is not, and is not intended to be, a complete listing of all applicable standards relating to this ARC Request. For a complete detail of ARC Design Standards, please reference the Association's Design Standards Manual which is available on the Association's website or at the Management office.

- Style:** Permitted styles include: roll down, accordion, and smart screen; however, accordion style shutters shall be prohibited on the front of any home.
- Color:** Color must match the body color of the home.
- Deployment:** Shutters must remain in the open or stored positions until a tropical storm watch or warning or hurricane watch or warning has been issued for the local county vicinity by the National Hurricane Center and must be returned to the open or stored position no more than ten (10) days after cessation of severe weather.

I, the undersigned, do hereby state that I have read, understand, and agree to abide by the Association's Design Standards as summarized above. I further understand that failure to comply with these standards will result in the denial and/or revocation of approval of my Architectural Review Request.

Dated this _____ day of _____, 20_____

Signature of Owner: _____