
Stonegate HOA Inc
13860 Wellington Trace
c/o UPS
Suite 38, PMB 250
Wellington, FL. 33414

Rev. No. : 3

Date: February 2024

No. of pages: 2

INSTRUCTIONS FOR ARCHITECTURAL REVIEW BOARD APPLICATION

Architectural Review Board (ARB) approval is required on all property modifications, alterations, or additions to a home's exterior, including but not limited to new roofs, landscaping and paint color changes. Upon receipt of the completed application, the ARB will review your application and will contact you with a decision within 30 days.

The following is REQUIRED for a complete application:

1. A fully completed Architectural Review Board application form.
2. All proposed plans (do not send originals) that support the request. For example, paint chips, plans, that have been submitted to the Village of Wellington, contractor designs, landscape photos, etc.)
3. Copy of the property survey with proposed project detailed on the survey (if applicable).
4. If you would like an acknowledgment of receipt of your application, please be sure to include your email address on the application.
5. All approvals, denials, and requests for additional information will be provided in writing only.
6. It is the responsibility of the homeowner to maintain a copy of the ARB decision for his/her records.

Submit all of the above to the ARB at the address shown above or by email to:
stonegatehoa.wellington@gmail.com

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE HOMEOWNER. IF ADDITIONAL INFORMATION IS NEEDED FOR A DECISION, THE ARB WILL CONTACT THE HOMEOWNER IN WRITING.

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ARCHITECTURAL REVIEW BOARD APPLICATION

HOMEOWNER(S)	
ADDRESS	
LOT #	
HOME PHONE	
CELL PHONE	
EMAIL ADDRESS	

Briefly describe the proposed work. This should include nature, kind, color, shape, size, material, location and any other pertinent information. **Use additional pages if necessary.**

I hereby apply to make the modification(s), alteration(s) or addition(s) as described above and on the attached. I understand that any modification, alteration or addition which is contrary to any approved plans will require a revised ARB application and approval. I/We further acknowledge that an ARB approval in no way waives the necessity for obtaining the Federal, State, County, City or other applicable agency approval(s) and permit(s) as required by law.

Homeowner(s) signature(s): _____

Date of application: _____

FOR ARB USE ONLY

ARB decision: APPROVE DENY ADDITIONAL INFORMATION REQUESTED

Date of ARB review: _____

Reason for denial, if applicable: _____

Date: _____

Date of Homeowner(s) notification: _____ By email By post