Community Name:	

## A Deed Restricted Community

## ARCHITECTURAL REVIEW COMMITTEE SUBMISSION FORM

Any modifications to your property must be submitted to the Architectural Review Committee for approval *PRIOR* to any work or modifications being constructed on your property. Please allow two to four weeks for complete processing. Include complete descriptions, dimension, style, type drawings, materials being used, colors, etc. The more information you can provide will help to expedite your application. Please attach a copy of final boundary survey showing the location of improvement in relation to other structures and having lot lines marked. Survey should be marked with x's plotting the location of fences.

Date Submitted	Phone # Fax #		(#	
Owner	E-r	mail:		
Property Address		City	Zip	
Lot #	Unit #		County	
Mailing Address if different from	above:			
LAKEFRONT LOT: Yes or No		C	ORNER LOT: Yes or No	
Contractor	Phone #		Fax #	
	ITEMS FOR R	EVIEW		
Building Elevation Color Selections Doors Drainage Plan Fence Floor Plan	S		Landscape Plan Mail Box Structural Addition Swimming Pool Windows Shed	
Other:				
Homeowner Comments – Attach	or state specific mate	rial list, color sa	mples, picture or rendering.	

Homeowner is responsible for compliance with all applicable city ordinances and permits if application is approved.

FOR OFFICE USE ONLY				
DATE RECEIVED	DATE APPROVED	DATE DENIED		
DATE OF LETTER	DATE OF SIGNATURE	DATE MAILED		

## **Return to:**

BCM Services, Inc., 920 Third St., Suite B, Neptune Beach, FL 32266
Phone: (904) 242-0666 Fax: (904) 242-0670 arc@bcmservices.net