

Shoal Creek Villas Homeowners Association

Application for Architectural Control Committee Review

Submit to: Liberty Community Management 7851 Pine Forest Road, Pensacola, FL 32503 or email to Jay@LCMFL.com

Address: _____ Application Date: _____

Owner's Name: _____ Telephone: _____

Mailing Address (if different): _____

Email _____

Improvements (check all that apply):

Fence Shed Pool Satellite Dish Screened Room Drive Way Gutter

Change in elevation/addition to home Landscaping Design Sprinkler System

Other (explain):

If required, have you applied for the proper permits from all government agencies? _____

Describe, in detail, the improvements. Include color(s), size(s), specifications, materials, location and any other pertinent information needed by the committee in order to make a decision. Attach a copy of the lot survey (included in your closing documents), elevation plan, site clearing plan (if applicable). Sketch on the lot survey the proposed alteration, as it will appear when completed. Attach picture(s) if available.

Please refer to your covenants and restrictions for guidelines on what is and is not permitted in Shoal Creek Villas. You will be notified in writing of the decisions of the committee. By approving this request, the association is not assuming any responsibility for the safety, construction, operation, maintenance, accident, injury or claim that may arise from the change in property.

Estimated Beginning Date: _____ Estimated Completion Date: _____

I understand that approval does not relieve me of the responsibility for obtaining any and all necessary Building Permits, Variances, and/or observing all local zoning ordinances. If approved by the association, I agree to make the changes under the terms and conditions as specified in the approval. All improvements must be on my property or property lines. If any portion of the association's property is disturbed or damaged by either myself or my contractor, I agree to be responsible for and to restore the common elements to their original condition.

Signature of Applicant: _____ Date: _____

To be completed by Architectural Review Committee:

Date Received: _____ *Received by:* _____

Date Processed: _____ *Date Mailed:* _____

_____ *Approved* _____ *Disapproved*

Signatures of Architectural Control Committee:
