

Deason's Walk Homeowners Association, Inc.



1015 Atlantic Blvd., Suite 274, Atlantic Beach, FL 32233 (904) 241-8886
Fax: (904) 241-2294 E-Mail: Rhonda@ElimServices.com

ARCHITECTURAL REVIEW FORM

Property Address: _____ Date: _____

Owner: _____

Mailing Address (if different than property): _____

E-Mail Address: _____ Phone: _____

I hereby request approval by the Architectural Review Committee for the modification shown below. Upon approval of my request for this modification I will assume all liability for any damage incurred as a result of this modification. I also agree to obtain any permits that may be required by any and all government agencies for this modification.

Attached please find the following additional information:

- A sketch, including the dimensions, of the proposed modifications.
- Copy of the survey of my property showing the location of the modification.
- Description/samples of the materials to be used.
- Other: _____

For ARB Use Only:

Date Received: _____

The above request for modification has been:

- Approved
- Approved with the following conditions: _____

- Disapproved

Signature of ARB: _____ Date: _____