Amhurst Oaks Homeowners Association

1941 Mayport Road Atlantic Beach, FL 32233 (904) 241-8886
Fax: (904) 212-2103 E-Mail: Info@ElimServices.com

ARCHITECTURAL REVIEW FORM

Property Address: _____ Date: _____

Owner: _____

Mailing Address (if different than property): _____

_____

E-Mail Address: _____ Phone: _____

All requests need to include the following (as applicable):

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

_____

Upon approval of my request for this improvement/modification, I/we will assume all liability for any damages incurred as a result of this improvement/modification as well as any additional maintenance costs that may be incurred. I/we also agree to obtain any permits that may be required by any and all government agencies for this improvement/modification.

Owner's Signature(s): _____

All requests must be approved in writing by the Association before any work can be started.

For ARB Use Only:

Date Received: _____

The above request for modification has been: ☐ Approved ☐ Disapproved

Additional information: _____

_____

_____

Signature of ARB: _____ Date: _____