

Community Name: Pablo Bay – A Deed Restricted Community

ARCHITECTURAL REVIEW COMMITTEE APPLICATION 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, construction plans, specifications, dimensions, style, type drawings, materials being used, colors, etc., and landscape plans, as applicable. 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 boundaries and building restriction lines marked.** Survey should be marked with x's plotting the location of fences.

Date Submitted _____ Email _____

Homeowner _____ Phone # _____

Property Address _____ City _____ Zip _____

Lot # _____ Unit # _____ County _____

Mailing Address if different from above: _____

LAKEFRONT LOT: Yes or No

CORNER LOT: Yes or No

Contractor _____ Phone # _____

Projected Start Date _____ Projected Completion Date _____

All approved projects are to be started within 30 days of projected start date and are to be finished within 30 days of projected completion date. If project is not completed within 30 days of projected completion date, homeowner must inform ARB in writing within 7 days of projected completion date, the reason for delay and a new completion date.

ITEMS FOR REVIEW

- _____ Building Elevations
- _____ Color Selections
- _____ Doors
- _____ Drainage Plan
- _____ Fence
- _____ Floor Plan

- _____ Landscape Plan
- _____ Mail Box
- _____ Structural Addition
- _____ Swimming Pool
- _____ Windows

Other: _____

Homeowner Comments – Attach or state specific material list, color samples, picture or rendering.

The undersigned hereby certifies that the proposed modification complies with all applicable: 1) requirements of the Declaration of Covenants, Conditions, Restrictions and Easements for Pablo Bay, 2) architectural guidelines/standards, 3) county/city ordinances, and 4) provisions of the Planned Unit Development zoning ordinance for Pablo Bay. Undersigned also agrees to obtain proper county/city permitting as required.

Owner Signature (Dated): _____
Name Printed: _____

Joint Owner Signature (Dated): _____
Name Printed: _____

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 Street, Suite B, Neptune Beach, FL 32266

Phone: (904) 242-0666

Fax: (904) 242-0670