The Alexandria Condominium Association, Inc.

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

ARCHITECTURAL REVIEW BOARD APPLICATION

Property Address: _____ Date: _____

Owner: _____

Mailing Address (if different than property): _____

_____

E-Mail Address: _____ Phone: _____

ON A SEPARATE SHEET OF PAPER DESCRIBE THE CHANGE/ADDITION INSTATLLATION: (i.e., kitchen remodel, bath remodel, whole unit remodel or other, window replace/refurbish, door replace/refurbish, etc.)
Contractor Info: (please provide a copy of both license & insurance)

License # _____

Specifications: (Attach a copy of plans, estimates, pictures)

Dimensions: _____

Materials: _____

Involvement of any Association components MUST be clearly states by the contractor.

I understand that the Committee will act on this request and provide me with a written response of their decision within 30 days of receiving the complete request and required documentation. I further under-stand and agree to the following provisions:

1. No work or commitment of work will be made until I have received written approval.
2. All work will be done expeditiously once commenced and will be done in a good workmanlike manner. If the project is not completed within 30 days, I will provide a written update to the Committee. If the project is not completed within 90 days, the request must be re-submitted.
3. I will be responsible for complying with all applicable federal, state and local laws, codes, regulations and requirements in connection with this work. I will obtain any necessary government permits and approval for the work.
4. I understand and agree that the approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications, or work comply with any law, code regulation, or governmental requirement.

Owner's Signature(s): _____

For ARB Use Only:

Date Received: _____ Received by: ☐ E-Mail ☐ Fax ☐ US Mail

The above request for modification has been: ☐ Approved ☐ Disapproved ☐ Approved with the following conditions: _____

_____

Signature of ARB: _____ Date: _____