Deerfield Meadows Homeowners Association

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

ARCHITECTURAL REVIEW FORM

Property Address: _____ Date: _____

Owner: _____

Mailing Address (if different than property): _____

_____

E-Mail Address: _____ Phone: _____

Type of Project/Improvement: ☐ Fence _____ (style/color) ☐ Exterior Paint _____ (brand/color)

☐ Deck/Patio ☐ Pool/Hot Tub ☐ Shed/Detached Building ☐ Pavers/Driveway ☐ Other _____

_____

A copy of the survey of the property showing the location of the modification should be included along with a description/sample of products to be used. Submit plans or a sketch of your request, if necessary, to fully define the project.

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 understand 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: _____