

Adam's Way Homeowners Association, Inc.

1015 Atlantic Blvd., Suite 274, Atlantic Beach, FL 32233 (904) 241-8886

Fax: (904) 241-2294 E-Mail: ARB@ElimServices.com



ARCHITECTURAL REVIEW FORM

Property Address: _____

Owner: _____

Mailing Address (if different than property): _____

E-Mail Address: _____ Phone: _____

Description of improvement or modification: _____

Estimated commencement date: _____ Estimated completion date: _____

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

- ☐ Copy of the survey of the property showing the location of the modification.
- ☐ Description/samples of the materials to be used.

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

☐ Approved with the following conditions: _____

Signature of ARB: _____ Date: _____