## **Blackwater Creek Owners Association, Inc.**



1015 Atlantic Blvd., Suite 274, Atlantic Beach, FL 32233 (904) 241-8886 Fax: (904) 241-2294 E-Mail: Rhonda@ElimServices.com

## **ARCHITECTURAL REVIEW FORM**

Property Address: Owner: Mailing Address (if different than property):			
			Phone:
		Description of improvement or modification:	
Estimated commencement date:	Estimated completion date:		
All requests need to include the following (as appli	icable):		
$\Box$ Copy of the survey of the property showing	the location of the modification.		
$\Box$ Description/samples of the materials to be u	used.		
damages incurred as a result of this improvement	nt/modification, I/we will assume all liability for any t/modification as well as any additional maintenance tain any permits that may be required by any and all cation.		
Owner's Signature(s):			
All requests must be approved in writing by	the Association before any work can be started		
For ARC Use Only:			
Date Received:			
The above request for modification has been: □ . □ Approved with the following conditions:			

Signature of ARC: \_\_\_\_\_ Date: \_\_\_\_\_