Jacob's Way Homeowners Association, Inc.



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:
All requests need to include the following (as application of the second s	able):
\Box A sketch, including the dimensions, of the pro-	oposed modifications.
\Box Copy of the survey of my property showing t	he location of the modification.
□ Description/samples – color images of the ma	aterials to be used.
□ Other:	
Upon approval of my request for this improvement.	/modification, I/we will assume all liability for any

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 Additional information:	
Signature of ARB:	Date: