

Community Name: \_\_\_\_\_  
A Deed Restricted Community

**ARCHITECTURAL REVIEW COMMITTEE SUBMISSION FORM**

Any modifications to your property must be submitted to the Architectural Review Committee for approval *PRIOR* to any work or modifications being constructed on your property. Please allow two to four weeks for complete processing. Include complete descriptions, dimension, style, type drawings, materials being used, colors, etc. The more information you can provide will help to expedite your application. **Please attach a copy of final boundary survey showing the location of improvement in relation to other structures and having lot lines marked. Survey should be marked with x's plotting the location of fences.**

Date Submitted \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Owner \_\_\_\_\_ E-mail: \_\_\_\_\_

Property Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Lot # \_\_\_\_\_ Unit # \_\_\_\_\_ County \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

LAKEFRONT LOT: Yes or No

CORNER LOT: Yes or No

Contractor \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**ITEMS FOR REVIEW**

\_\_\_\_\_ Building Elevations  
\_\_\_\_\_ Color Selections  
\_\_\_\_\_ Doors  
\_\_\_\_\_ Drainage Plan  
\_\_\_\_\_ Fence  
\_\_\_\_\_ Floor Plan

\_\_\_\_\_ Landscape Plan  
\_\_\_\_\_ Mail Box  
\_\_\_\_\_ Structural Addition  
\_\_\_\_\_ Swimming Pool  
\_\_\_\_\_ Windows  
\_\_\_\_\_ Shed

Other: \_\_\_\_\_

Homeowner Comments – Attach or state specific material list, color samples, picture or rendering.

**Homeowner is responsible for compliance with all applicable city ordinances and permits if application is approved.**

**FOR OFFICE USE ONLY**

DATE RECEIVED	DATE APPROVED	DATE DENIED
DATE OF LETTER	DATE OF SIGNATURE	DATE MAILED

**Return to:**

**BCM Services, Inc., 920 Third St., Suite B, Neptune Beach, FL 32266**

**Phone: (904) 242-0666**

**Fax: (904) 242-0670**

**arc@bcmervices.net**