## GENTLE WOODS HOMEOWNERS' ASSOCIATION, INC.

C/O: Florida Property & Association Management, Inc. P.O. Box 350210, Jacksonville, FL 32235-0210 (800) 435-8718 Office & (800) 620-8639 Fax

## REQUEST FOR ARCHITECTURAL REVIEW FOR ALTERATION OR ADDITIONS

REQUI	EST FOR ARCHITECTURAL R	EVIEW FUR ALTER	ATION OR ADDITIONS	
OWNER'S NAME:			UNIT NUMBER:	LOT:
OWNER'S MAILING ADDRESS:				
DATE SUBMITTED:	_ DAYTIME PHONE:	CELL PHONE:	FAX NUMBER:	
DESCRIBE IN DETAIL WHAT TY	PE OF ALTERATION AND OR ADDIT	TION ARE YOU REQUES	TING?	
installed with the smooth side facing	ks, Patios and other exterior additions requi out (towards the street or other properties) a or structure will not encroach a neighboring this approval.	and the anchor posts INSIDE	the fencing. WARNING: Approval by	the Association does
THE FOLLOWING MUST BE SU	BMITTED WITH THIS APPLICATION:			
	including plans of alteration and/or add a used and a sample of colors (You MU ochures, etc.		nip with all painting & vinyl siding re	equests).
CONTRACTOR/VENDOR INFOR	<u>MATION:</u>			
COMPANY NAME:		ADDRESS:		
CITY	ST.	ATEZIP	PHONE	
LICENSE NUMBER:	PERMIT NUMBER	<b>!:</b>	DATE ISSUED:	
owner's responsibility to ensure th	NER as listed on the title to the properties have the proper licensing and insurits are secured as per Municipal Code 3	ance for the work being ur	ndertaken. It is also an owner's res	sponsibility ensure
regulations, permit requirements, Association is absolved from any	ctural review purpose only. This appretc., for the desired modification. It is the and all boundary-line disputes. This apine or recorded easement. It is the proproject.	ne responsibility of the pro oproval does NOT warrant	perty owner to obtain and comply very owner to obtain and comply very one of the training of the complex of the	with such. The installation will not
NOTE: IF APPROVED, this or	oiect must be started within 90 DA	YS from the date of this	approval or this approval will b	e considered null

**NOTE: IF APPROVED,** this project must be started within **90 DAYS** from the date of this approval or this approval will be considered null and void requiring a resubmission of another package for approval. Additionally, the ARC has **30 DAYS** from the date this request is **received** to act on this request.

## DO NOT START WORK WITHOUT A WRITTEN APPROVAL FROM THE ASSOCIATION

FOR ARCHITECTURAL REVIEW USE ONLY: PLEASE DO NOT WRITE IN THIS AREA.			
REVIEW DATE:	REVIEWED BY:		
COMMENTS:			
CONDITIONS OF APPROVAL:			
REASON FOR DISAPPROVAL:			
IF APPLICATION IS SENT BACK TO	OWNER FOR FURTHER INFORMATION, DATE APPLICATION WAS SENT BACK TO OWNER:		
REASON APPLICATION CANNOT B	E PROCESSED:		
PERMIT REQUIREDYES	NO. IF REQUIRED, WAS COPY SUBMITTED YES NO		
FINAL INSPECTION DATE:	DID PROJECT COMPLY WITH APPLICATION YES NO.		
IF NO, ACTION TAKEN:			