

OWNERS ASSOCIATION OF VICTORIA LAKES, INC.

C/O: KarLyn Property Management, P.O. Box P.O. BOX 15038, JACKSONVILLE, FL 32239-5038
(904) 418-9440 Office & (904) 212-0635 Fax

REQUEST FOR ARCHITECTURAL REVIEW FOR ALTERATION OR ADDITIONS

OWNER'S NAME: _____ UNIT NUMBER: _____ LOT: _____

OWNER'S MAILING ADDRESS: _____

DATE SUBMITTED: _____ DAYTIME PHONE: _____ CELL PHONE: _____ FAX NUMBER: _____

DESCRIBE IN DETAIL WHAT TYPE OF ALTERATION AND OR ADDITION ARE YOU REQUESTING?

NOTE: Fencing, Storage Sheds, Decks, Patios and other exterior additions requires a copy of your survey with requested addition drawn on the plan. Fencing **MUST** be installed with the smooth side facing out (towards the street or other properties) and the anchor posts **INSIDE** the fencing. **WARNING:** Approval by the Association does not guarantee that any erected fence or structure will not encroach a neighboring property. Association will not be held liable for any encroachments nor costs associated with moving an installed fence due to this approval.

THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:

- 1. Complete description, including plans of alteration and/or additions.
- 2. Type of materials to be used and a sample of colors (*You MUST submit a color paint chip with all painting & vinyl siding requests*).
- 3. Drawings, pictures, brochures, etc.

OTHER INFORMATION YOU WANT THE COMMITTEE TO CONSIDER WHEN REVIEWING THIS REQUEST:

CONTRACTOR/VENDOR INFORMATION:

COMPANY NAME: _____ ADDRESS: _____

CITY _____ STATE _____ ZIP _____ PHONE _____

LICENSE NUMBER: _____ PERMIT NUMBER: _____ DATE ISSUED: _____

Note: Only the PROPERTY OWNER as listed on the title to the property may request any architectural changes. If a contractor is hired it is an owner's responsibility to ensure they have the proper licensing and insurance for the work being undertaken. It is also an owner's responsibility ensure City of Jacksonville building permits are secured as per Municipal Code 320.408 prior to starting work and for forwarding final inspection reports to the association upon completion.

Note: This approval is for **architectural review purpose only**. This approval does not overrule any Federal, State or Local governing agencies regulations, permit requirements, etc., for the desired modification. It is the responsibility of the property owner to obtain and comply with such. The Association is absolved from any and all boundary-line disputes. This approval does NOT warrant nor otherwise guarantee that any installation will not encroach a neighboring property line or recorded easement. It is the property owner's sole responsibility for determining property lines and recorded easements PRIOR to starting this project.

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 BE PROCESSED: _____

PERMIT REQUIRED ____ YES ____ NO. IF REQUIRED, WAS COPY SUBMITTED ____ YES ____ NO

FINAL INSPECTION DATE: _____ DID PROJECT COMPLY WITH APPLICATION ____ YES ____ NO.

IF NO, ACTION TAKEN: _____