Pottsburg Crossing Condominium Association

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Architectural Review Request for Alteration or Additions

Owner's Mailing Address: Date Submitted: Daytime Phone: Home/Cell Phone: What type of alteration/addition are you requesting? Screen enclosure: Pool: (Requires Building Per Shutters: Awning: Entry Door: Mailbox Satellite Dish: Other: If other, please describe in detail: Fence: (Requires a copy of your property plan with fonce drawn on plan and if necessary a current survey as well as the requirement to has fence installed with the smooth side facine out (towards the street). You MUST provide the following information: 1. Complete description, including plans, of alterations or additions. 2. Type of materials to be used and a sample of colors (Must submit paint chip of color with all painting requests). 3. Drawings, pictures, brochures, etc. Contractor Information: Name: Address: City: State: Zip Code: Phone number: License Number: Contractor Signature: Date: ARCHITECTURAL CONTROL COMMITTEE REVIEW Approved: Denied: Denied: Denied: Date of review: Approved by: Conditions of Approval: Reason for Disapproval: Note: Only the homeowner listed on the title to the property may request architectural approvals, If a contractor is hired, they provide the Association with proof of licensing and insurance prior to commencing work. They must also provide copies of Ci Jacksonville building permits and final inspection reports. Note: This approval is for architectural review purpose only. This approval does not overrule any Federal, State or Local gove agencies regulations, permit requirements, etc., for the desire construction. It is the responsibility of the lot owner to obtain comply with such. NOTE: Project must be completed within three (3) months from the date of this approval or this approval with another package for approval. Additionally, the ARC has 30-days of the late this request is received to act on this request, DO NOT START WORK WITHOUT AN APPROVAI Please make note of this requirements.	Owner's Name:Unit Number:				
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City:					
Phone number:					
ARCHITECTURAL CONTROL COMMITTEE REVIEW Approved:	-		-		
ARCHITECTURAL CONTROL COMMITTEE REVIEW Approved:					
Approved:	Contractor Signature.		Batt.		
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File Date: Final Inspection Date:	File Date:	Final Inspection Date:			
Did improvement comply with approved ARC Request:YESNO, if no, action taken:		•		O, if no, action taken:	