Community Name: **Madeira at St. Augustine**

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@bcmservices.net

Revised 1/25/2006