

Lillian Woods Homeowners Association, Inc.

Application for Architectural Review Committee

Mail, Fax or Email Request To:

NFI Property Management Solutions LLC, 7139 N 9th Ave., Suite P, Pensacola, FL 32504

Phone (850) 484-2684 Fax: (850) 474-3551

Email: compliance@nfipms.com

Owner please be aware that you are responsible for obtaining any required permitting, observing all easements and setbacks and adhering to any local, state and federal laws. Also, if permits and inspections are required, please provide proof of passed inspection upon completion of project.

Address _____ Application Date _____

Owners Name _____ Telephone _____

Mailing Address (if different) _____

Email: _____

Improvements (check all that apply)

_____ Fence _____ Shed _____ Pool _____ Satellite dish _____ Screened room _____ Driveway change

_____ Gutters _____ Landscaping design _____ Sprinkler system _____ Roof _____ Pool

Other (explain) _____

If required, have you applied for the proper permits from all government agencies? YES / NO

Estimated Start Date _____ Estimated Completion Date _____

Describe, in detail, the improvements. Include color(s), size(s), specifications, materials, location on lot, and any other pertinent information (refer to your CCR's) required by the committee to make a decision. Attach a copy of the lot survey (included in your closing documents); elevation plan and site-clearing plan (if applicable). Sketch on the lot survey the proposed alteration, as it will appear when completed, or attach additional sheets and picture if available. APPLICATION'S CANNOT BE SUBMITTED TO THE ARC WITHOUT ALL ABOVE REQUIRED INFORMATION.

Please refer to your covenants and restrictions for guidelines on what is and is not permitted in Lillian Woods Homeowners Association, Inc. You will be notified in writing of the decision of the committee. By approving this request, the association is not assuming any responsibility for the safety, construction, operation, maintenance, accident, injury, or claim that may arise from the change in the property.

I understand that approval does not relieve me of the responsibility for obtaining any and all necessary Building Permits, Variances, and/or observing all local zoning ordinances, setbacks and adhering to any local, state and federal laws. Also, if permits and inspections are required, please provide proof of passed inspections upon completion of project. If approved by the association, I agree to make the changes exactly as stated under the terms, conditions and specifications as described in the approval. All improvements must be on my property or property lines. If any portion of the Associations property is disturbed or damaged by either myself, or my contractor, I agree to be responsible for and to restore the common elements to their original condition.

Signature of Applicant: _____ Date: _____

To be completed by Architectural Review Committee:

Date Received _____ Received By _____

Date Processed _____ Date Mailed _____

_____ Approved _____ Disapproved _____ Conditional Approval-Condition: _____

Signatures of Architectural Control Committee:
