

# Pine Forest Oaks Homeowners Association Inc

## Application for Architectural Review Committee

Mail, Fax or Email Request To:

NFI Property Management Solutions, LLC., 4400 Bayou Blvd., Suite 35, Pensacola, FL 32503

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

Email: [compliance@nfipms.com](mailto:compliance@nfipms.com)

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 Beginning Date \_\_\_\_\_ Estimated Completion Date \_\_\_\_\_

**Describe, in detail, the improvements. Include color(s), size(s), specifications, materials, location, and any other pertinent information (refer to your CCR's) needed by the committee in order 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. Attach picture if available. (APPLICATION'S CANNOT BE PROCESSED WITHOUT ALL REQUIRED INFORMATION ABOVE)**

Please refer to your covenants and restrictions for guidelines on what is and is not permitted in Pine Forest Oaks 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

Signatures of Architectural Control Committee:

\_\_\_\_\_